FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V44163

1. Corporation Name

WINTER PARK ATHLETIC CLUB, INC.

	•							A BIBA BIBI BIBI B	(E) 0
Principal Place of Business Mailing Address						1 1621/ Silan aran aran aran mala a			
1865 NORTH SEMORAN BLVD. 1865 NORTH SEMORAN BLVD.									
SUITE 235 WINTER PARK	EJ 22702	SUITE 235 WINTER PARK FL 32793				DO NOT WRITE IN THIS SPACE			
WINTER FAIR	16 02/32	Willest Frank ve derde	-			3. Date Incorporated or Qualifed 06/12/1992			
2 Principal P	lace of Business	2a. Mailing Address			~	4. FEI Number		T Ap	plied For
21	lace of Education	— ·	26			59-3130783			
Suite, Apt.	# etc		Suite, Apt. #, etc.				~	\$8.75 A	dditional
22		27	27			5. Certifcate of Status Desired		Fee Re	<u>-</u>
City & Stat	e	├ ──	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24			30			Personal Property Tax.			
	9. Name and Address of Curre		17.			10. Name and Address of New	Registere	d Agent	
	***			81	Name				
THOMAS, EVE				82	Street Address (P.O. Box Number is Not Acceptable)			•	
1449 HYDE PARK DRIVE WINTER PARK FL 32792				83					
								. 85 Zip C	^ode
				84	City		F	L 85 Zip C	,oue
agent. I a SIGNATURE	m familiar with, and accept the oblig					ed when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 111	LE				☐ Change	☐ Addition
NAME	THOMAS, DAVE		1.2 NA	ME					}
STREET ADDRESS	1449 HYDE PARK DRIVE		1.3 ST	REET	ADDRESS				ĺ
CITY-ST-ZIP	WINTER PARK FL		1.4 CF	ry-s1	r-zip				
TITLE	VP			.1 TITLE				Change	☐ Addition
NAME	EVE G. THOMAS	,	2.2 NA	ME					
STREET ADDRESS	1449 HYDE PARK DRIVE		2.3 ST	REET	ADDRESS	_		- .	ļ
CITY-ST-ZIP	WINTER PARK FL	•	2. 4 CI	TY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TD	LĒ				☐ Change	Addition
NAME			3.2 NA	ME					}
STREET ADDRESS			3.3 ST	REET	ADDRESS				}
CITY-ST-ZIP			3.4. C	TY-S	T- ZIP				
TITLÉ		☐ DELETE	4.1 TI	ΠE				Change	☐ Addition
NAME	ļ		4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 Cľ	TY-S1	T-ZIP				
TITLE		☐ DELETE	5.1 TI	LE				☐ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REET	ADDRESS				}
CITY-ST-ZIP			5.4 Cf		T-ZIP				
TITLE		☐ DELETE						☐ Change	Addition
NAME	1		6.2 NA						
CTDEET ADDDESS)		6.3 \$1	REET	I ADDRESS				ነ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90218 042 ***150.00

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