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Sep 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020661 (9)

1. Corporation Name
TREASURE COAST FITNESS, INC.

Principal Place of Business
59 NORTH RIVER ROAD
STUART FL 34994

Mailing Address
59 NORTH RIVER ROAD
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1997

4. FEI Number
65-0748839

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 21 So Sewall's Pt. Rd.

Suite, Apt. #, etc.

22

City & State

23 Stuart, FL

Zip

24 34994

Country

25 USA

2a. Mailing Address

26 PO Box 447

Suite, Apt. #, etc.

27

City & State

28 Stuart, FL

Zip

29 34994

Country

30 USA

9. Name and Address of Current Registered Agent

VIAMONTES, ELLEN RN
59 NORTH RIVER ROAD
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Ellen Viarmotes, RN
82 Street Address (P.O. Box Number is Not Acceptable)
21 So. Sewall's Pt. Rd.
83
84 City Stuart FL 85 Zip Code 34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Chairman, CEO
NAME Ellen Viarmotes, RN
STREET ADDRESS 21 So. Sewall's Pt. Rd.
CITY-ST-ZIP Stuart, FL 34994

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE *[Signature]* 9/26/98 (S) 242-2815

CR2E034 (10/97)