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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 646316

(0)

FILED
May 01 1997 8:00am
Secretary of State

T. Corporation Name SUPERIOR PHYSIQUE ASSOCIATION, INC. Principal Place of Business 9417 SOUTH OAK STREET P.O. BOX 937 RIVERVIEW FL 33569 Mailing Address 9417 SOUTH OAK STREET P.O. BOX 937 RIVERVIEW FL 33569										
							3. Date Incorporated or Qualified 11/28/1979	j j	e of Last R !5/1996	leport
2. Principal	. Principal Place of Business			Address			4. FEI Number 59-1890207		· · · · · · · · · · · · · · · · · · ·	oplied For of Applicable
Suite, Apt. #, etc. City & State			Suite A	Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired	\$		
			City & 5				6. Election Campaign Financing	_		May Be
Z(p)		Country	28 Zip		Countr	ry	Trust Fund Contribution 8. This corporation has liability for	or intendible to		to Fees
24	o Namo	25	29	noni	30		Florida Statutes 10. Name and Address of New	Yes 🖂	No No	. 103.002,
R/	VRRILLEAUX		rrent Registered A	gent	- 6	1 Name	10. Name and Address of New	Hedistelec V	gent	
	17 S. OAK					2 Street Ad	ddress (P.O. Box Number is Not Accep	table)		
RIVERVIEW FL 33569				83		3	· · · · · · · · · · · · · · · · · · ·			
							······································			
					120	4 City		-	85 Zip	Code
11. Pursuar office or	t to the provis	ions of Sections 607 gent, or both, in the 5	.0502 and 607.1508 State of Florida Such	, Florida Statu n change was	1	1 - 1	orporation submits this statement for th	e purpose of copt the appo	changing it	ts registered
SIGNATURE		tor printed name of registers	.0502 and 607.1508 State of Florida Such abligations of, Section ad agent and title if appicable S AND DIRECTORS		ites, the abo authorized to forida Statute	we-named c by the corpo es.	orporation submits this statement for th oration's board of directors. I hereby acc sourced when reinstaling! ADDITIONS/CHANGES TO OF	e purpose of cept the appo		
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14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

TORIS BARRILLEAL

1/24/97 813-6 Date Daytime Fr

813-677-5761