

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

2-B-95 B-1108-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:23

DOCUMENT # **684832** (9)

1. Corporation Name
MARCO FITNESS CLUB, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
871 ELKCAM CIRCLE
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified **08/19/1980** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2028916** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
KRAMER, FREDERICK C.
571 SOUTH COLLIER BLVD., P.O. BOX 109
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81. Name **JANN Brewer**
82. Street Address (P.O. Box Number is Not Acceptable)
83. **871 Elkcam Circle**
84. City **Marco Island** FL 85. Zip Code **33937**

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 **JANN BREWER, SECY/TREAS.** DATE **1-17-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BREWER, BERT J
STREET ADDRESS	450 NASSAU CT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	ST
NAME	BREWER, JANN
STREET ADDRESS	450 NASSAU CT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 affidavit.

SIGNATURE: **JANN Brewer** DATE **1/17/95** **813-394-3705**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 25, 1995

MARCO FITNESS CLUB, INC.
871 ELKCAM CIRCLE
MARCO ISLAND, FL 33937

SUBJECT: MARCO FITNESS CLUB, INC.
Ref. Number: 684832

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The new registered agent must sign in block 11.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 695A00003196