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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 684832

(9)

MARCO FITNESS CLUB, INC.

Mailing Address

FILED
Jan 29 1998 8:00am
Secretary of State



MARCO ISLAND FL 34145			MARCO ISLAND FL 33937							
US		US	US				DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualified 08/19/1980			
2. Principal Place of Bu	2a. Mail	2a. Mailing Address				4. FEI Number	Applied For			
21		26					59-2028916	Not Applicat	_	
Suite, Apt. #, etc.		Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired Status Desired Fee Required			
City & State		City	City & State					\$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Cour	ntry		8. This corporation owes or has paid the current			
24	25	29						Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
9, Name and Address of Current Registered Agent					81	Nome	10. Name and Address of New Registered Age	ur	$\dashv$	
BREWER, J		81 Name			Name					
871 ELKCA MARCO ISI		82 Street Add			Street Ac	dress (P.O. Box Number is Not Acceptable)				
MA ROOK			h	83				$\neg$		
l				1	84	City	8	5 Zip Code	$\dashv$	
							FL  °	<u> </u>	_	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
12.	OFFICERS AND	<u>.</u>		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DII	RECTORS IN 12		
TITLE P		•••	DELETE	1.1 Till	ĻΕ			Change	ion	
NAME BREV	/er,bert j			1.2 NAN	ME					
STREET ADDRESS 450 N	iassau ct			1.3 STR	REET A	NODRESS .				
CITY-ST-ZIP MARC	CO ISLAND FL			1,4 CIT	Y-ST	- ZIP				
TITLE ST			DELETE	2.1 TITL	LE			Change	ion	
NAME BREV	ÆR,JANN			2.2 NAM	ΜE					
DITTEL PODITOR	iassau ct			2.3 STR	REET A	DDRESS				
CITY-ST-ZIP MARC	O ISLAND FL			2. 4 CIT	Y-ST	r-ZIP				
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CITY-ST-ZIP				3.4. CIT		-ZIP			$\blacksquare$	
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CITY-ST-ZIP				4.4 CIT		- ZIP		O		
TITLE			DELETE	5.7 TITL			L	Change L Addit	101	
NAME				5.2 NAN						
STREET ADDRESS						ODRESS				
CITY-ST-ZIP		<u></u>	Dr. ew	5.4 CIT		-ZIP		Change Additi		
TITLE			☐ DELETE	6,1 TITL			Li	Change L Additi	ווטנו	
NAME				6.2 NAN		1				
STREET ADDRESS				6,3 STR	REET A	ODRESS				
CITY-ST-ZIP	46 - 3 - F	at the filling a		6.4 CIT	Y-ST		Lie Coation 110 07/2/6\ Elevide Statutes 1 further cortife	that the Informátic	_	

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 cath; 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: JANN BREWER SANDOWELLE 163/98 94/3943705

CR2E034 (10/97)