

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # F33622 (4)**

1. Corporation Name

**FITNESS AND NUTRITION CENTER, INC.**

95 MAY - 1 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2122 BLOUNT RD  
POMPANO BCH FL 33069

Mailing Address

2122 BLOUNT RD  
POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/06/1981**

3a. Date of Last Report  
**04/27/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**59-2110920**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALLISSO, JENNIFER  
1801 MONTE CARLO WAY  
CORAL SPRINGS FL 33071**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **PALLISSO, RICHARD**  
STREET ADDRESS **1801 MONTE CARLO WAY**  
CITY - ST - ZIP **CORAL SPRINGS FL**

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

TITLE **SD**  
NAME **PALLISSO, JENNIFER**  
STREET ADDRESS **1801 MONTE CARLO WAY**  
CITY - ST - ZIP **CORAL SPRINGS FL**

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

TITLE **VD**  
NAME **MANTILLA, ALVARO**  
STREET ADDRESS **22054 BOCA PLACE DR.**  
CITY - ST - ZIP **BOCA RATON FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 007, 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 OFFICER OR DIRECTOR

**JENNIFER H. PALLISSO**

Date

**4-28-95 (305)968-1188**

(Article 1, Section 8)