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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F33622**

1. Corpora ion Name

FILNESS	AND NUTHITION CENTER	n, II¥O•										
Principal Place	e of Business	Mailing Address				⊣ "	18 1100 1108 11189 11119 911	E IIBID IIBI DIDI				F11 B1811 1881
,		2122 BLOUNT RD	·									
2122 BLOUNT RD 2122 BLOUNT RD POMPANO BCH FL 33069 POMPANO BCH FL 33069												
								RITE IN TH	S SP	ACE		
						0.	corporated or Quali	ed				
						4. FEI Nu	1981				T 4 5 5	lied For
2. Principal P	lace of Business	2a. Mailing Address				1 **				\vdash	+	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						39721	10920		\$8.75 Additional			
Suite, Apr.	\ 	s, Apr. #, etc.			5. Certifo	5. Certificate of Status Desired				Fee Required		
City & Srat	ė	City & State				s Electio	n Campaign Financi	na		\$5	00 (lay Be
23		28				1 **	und Contribution	.				Fees
Zip	Country	Zip	Count	ry		R This co	rporation owes the	current year	Intang	ible		
24	25	29	30			1	al Property Tax.] Yes	J	[]No
	9. Name and Add ess of Curre	ent Registered Agent				10 Name	and Address of Ne	w Registere	d Ag	ant		
			8	11 1	Name							
	JISSO, JENNIFER		8	2 :	Street Add	dress (P.O. Box	Number is Not Acc	eptable)				
	MONTE CARLO WAY		Ľ					·				
COR	AL SPRINGS FL 33071		8	13								
			8	4 (City -					85	Zip C	ode
					•			F	LI			
11, Pursuant	to the provisions of S∈ctions 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida Statute	es, the abo	ve-n	named cor	poration submittion's board of a	ts this statement for	the purpose cent the and	of cha	angin ent a	gitsı as rec	registered stered
agent. a	m familiar with, and accept the oblig	pations of, Section 607.0505, Flor	ida Statute	es.	e corporer	OCT 3 DOBIG OF	. Il Coloro. 1 Horoby di	oopi are opi		Ç		
SIGNATURE												
	Signature, typed or printed na ne of registered ag			gent si	ignature requ	red when reinstating)		DATE	- NE		OTO:	
12.		INE) DIRECTORS DELETE	13.			ADDITIO	NS/CHANGES TO	OFFICERS] Cha		S IN 12
TITLE	PD			1.1 TITLE					L			
NAME	PALLISSO, J		1.2 NAME									
STREET ADDRE 3S	1801 MONTE CARLO WAY		1.3 STREET ADDRESS									
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP 2.1 TITLE						Cha	nge	Addition
TITLE	VD	- Detric							-	,		
NAME	MANTILLA, A	LOS, A		2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRE 3S	22054 BOCA PL DR											
CITY-ST-ZIP	BOCA RATON FL	DELETE	2. 4 CITY 3.1 TITLE		ZIP -] Cha	nge	[] Addition
TITLE	SD DALLICCO D.C.	_ Deceit	3.2 NAME						_			_
NAME	PALLISSO, R C 12510 SW 112TH CT		3.3 STRE		nnaess							
STREET ADDRESS			3.4. CITY									
CITY-ST-ZIP	MIAMI FL 331		4.1 TITLE		-] Cha	nge	Addition
NAME			4. 2 NAM									
			43 STRE		DDRESS							
STREET ADDRESS			44 CITY									
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE] Cha	ange	Addition
NAME		*	5.2 NAMI									
STREET ADDRESS			5.3 STRE	EETAI	DDRESS							
CITY-ST-ZIP			5.4 CITY									
TITLE		☐ DELETE	6.1 TITLE			 .] Cha	inge	Addition
NAME			6.2 NAMI	E								
STREET ADDRESS			6.3 STRE	EET A	DDRESS							

6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualifindicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 it manged, or on an attrachment with an address of the corporation of the corporation or the receiver or trustee empowered Block 12 or Block 13 it manged, or on an attrachment with an address of the corporation of t

STREET ADDRESS

CITY-ST-ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of Trate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this peport as required by Chapter 607, Florida Statutes; and that my came appears in

CR2E034 (11/98)

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90107 021 ***150.00