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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F50831

PRACTIC	E MOTIVATION, INC.								
Principal Place	of Business	Mailing Address				f limitimm rims milis darms sonam siras s	181 84817 B1811 91817 1)(1 B1B11 1861
7777-131 ST N 7777-131 ST N									
STE 15 STE 15						DO NOT WRITE	IN THIS SPACE		
SEMINOLE FL 33776-3303 SEMINOLE FL 33776-3303						Do NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	—	
US		US				10/22/1981			
2 Descinal Di	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
	ace of Busiliess	26				59-2143464	<u> </u>	+	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	**			-	- \$8.7		dditional
22	., 5.5.	27				5. Certifcate of Status Desired		e Req	
City & State	•	City & State				6. Election Campaign Financing	\$5 ,	.00 N	May Be
23		28				Trust Fund Contribution		ded to	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Into			
24	25 29 30					Personal Property Tax.	L. Yes		□No
	9. Name and Address of Currer	nt Registered Agent		24		10. Name and Address of New Reg	istered Agent		
CCDA	IANDEZ DETED C			81	Name				
FERNANDEZ, PETER G 7777-131 ST N SUITE 12			ļ	82	Street Address (P.O. Box Number is Not Acceptable)				
SEMINOLE FL 34343			1	83					
SEMI	NOLE FE 34343		Ŷ	83					
				84	City		FL 85	Zip Co	ode
		1007 1500 51 11 0				ration submits this statement for the pu		n ite r	enistered
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change w	as authorized	DV II	he corporation	's board of directors. I hereby accept the	ne appointment	is regi	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	NOTE: Registered /	Agent	signature required		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOF	
TITLE	P	☐ DELET	E 1.1 TITI	Æ			☐ Cha	ınge	Addition
NAME	TEIWWWDEE, CITIC		1.2 NA	1.2 NAME					
STREET ADDRESS	7777 131 ST N STE 15		1.3 STF	REET	ADDRESS				
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	VTD ☐ DELETE 2.11		E 2.1 TITI	2.1 TITLE			☐ Cha	ınge	☐ Addition
NAME	FERNANDEZ, PETER G. 22		2.2 NAJ	2.2 NAME					
STREET ADDRESS	,,,,, 10, 0, 1, 0,2 10		2.3 STF	2.3 STREET ADDRESS					
CITY-ST-ZIP			2, 4 CI1		-ZIP		F7 61-		
TITLE	ř		E 3.1 TITI	LE			Cha	inge	Addition
NAME	FERNANDEZ, PETER G.		3.2 NAI				•		
STREET ADDRESS	7777 131 ST N STE 15		. 3.3 \$18	REET	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL	NTA per ex	3.4. CIT		- ZIP		☐ Cha		☐ Addition
TITLE	70 F		_	4.1 TITLE				nigo	
NAME	CARBONNEAU, VALERIE		4. 2 NA						
STREET ADDRESS	7777 131 ST N STE 15				ADDRESS				
CITY-ST-ZIP	SEMINOLE FL	☐ DELET	4.4 CIT	_	-ZiP		☐ Chi	ange	☐ Addition
TITLE		□ DELET	Έ 5.1 ΠΠ 52 NAI					nigo.	Chadadon
NAME					ADDRESS		•		
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP		DELET			- 41-		Cha	ange	Addition
TITLE			6.2 NA						
NAME CTREET ADDRESS					ADDRESS				

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 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, with all other like empowered.

SIGNATURE:

Peter G-Fernandez Treasurer 2/12/99/ 392-0822

6.4 CITY-ST-ZIP