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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F80462

1. Corporation Name

LEË'S A'	TA FITNESS CENTER, INC.								
Principal Place	e of Business	Mailing Address		_		- 3 (00):100 (101 (01)) 01010 011(0 (10) 010)	Bibli: Dibli a		/II) 01011 1001
1013 W 15TH STREET 1013 W 15TH STREET PANAMA CITY FL 32401-2043 PANAMA CITY FL 32401-2043						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 05/10/1982			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		-	lied For
21		26				<u>59-2189498</u>			Applicable
Suite, Apt.		Suite, Apt. #, etc.	·			5. Certificate of Status Desired	Fee	Requ	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		00 M led to	fay Be Fees
Zip	Country	—	Country	У		8. This corporation owes the current year Ir		_	7.,,
24	25	29 30				Personal Property Tax.	☐ Yes	l.	□No
	9. Name and Address of Current	Registered Agent	81	т.	Name	10. Name and Address of New Registered	Agent		
I.FF.	SOON HO		[,						
1013 W. 15TH STREET			82	┸	Street Addres	ss (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32401			83	4					-
		_	84		City	FI	_ " !	Zip Co	
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 when reinstating) NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND		13.	Bu	agnatore research	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTOR	S IN 12
TITLE	T □ DELETE 1.1 TI			_			Chan		☐ Addition
NAME	LEE, AARON D	1	.2 NAME						
STREET ADORESS	1013 W 15TH STREET		1.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY, FL 00000 32401 1.41		1.4 CITY-ST-ZIP		ZIP				
ΠLE				2.1 TITLE			☐ Char	ıge	☐ Addition
NAME	LEE, SOON HO	2	.2 NAME						
STREET ADDRESS	TOTO II TOTT OTTICE.				DORESS				
CITY-ST-ZIP "			. 4 CITY-		ZIP-	and the second of the second of	Chan	100	Addition
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NAME			.2 NAME		nnneee				
STREET ADORESS	*		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			•			
CITY-ST-ZIP				4.1 TITLE			☐ Char	nge	Addition
NAME			4. 2 NAME						
STREET ADDRESS	ı		.3 STREE		ODRESS				
CITY-ST-ZIP	· .		4.4 CITY-ST-ZIP						
TITLE		' =	.1 TITLE				☐ Chan	ige	Addition
NAME			2 NAME		}				
STREET ADDRESS			.3 STREE						
CITY-ST-ZIP			4 CITY-S		ZIP	the manufacture of the 1998 April 1999			TA AREA
TITLE		☐ DELETE 6	.1 TITLE				Chan	ıge	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

<u> DEOURED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 763-1234 Daytime Phone #