

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G18331 (0)

1. Corporation Name
FIT STOP, INC.



Principal Place of Business Mailing Address
% DOROTHY ANN ISON
121 ST. CROIX AVE.
COCOA BEACH FL 32931

3. Date Incorporated or Qualified 01/11/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2245831	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ISON, DOROTHY ANN
121 ST. CROIX AVE.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	121 ST. CROIX AVE.	12.1 NAME	
CITY-ST-ZIP	COCOA BEACH FL	13.1 STREET ADDRESS	
		14.1 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS		22.1 NAME	
CITY-ST-ZIP		23.1 STREET ADDRESS	
		24.1 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS		32.1 NAME	
CITY-ST-ZIP		33.1 STREET ADDRESS	
		34.1 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		42.1 NAME	
CITY-ST-ZIP		43.1 STREET ADDRESS	
		44.1 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS		52.1 NAME	
CITY-ST-ZIP		53.1 STREET ADDRESS	
		54.1 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS		62.1 NAME	
CITY-ST-ZIP		63.1 STREET ADDRESS	
		64.1 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)