

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90087 040 ***150.00

DOCUMENT # G71107

1. Corporation Name
STAYIN' ALIVE FITNESS CENTERS, INC.

Principal Place of Business
6129 LAKE WORTH ROAD
LAKE WORTH FL 33463
US

Mailing Address
6129 LAKE WORTH ROAD
LAKE WORTH FL 33463
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1983

4. FEI Number

59-2571244

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6185 Ygg Road

Suite, Apt. #, etc.

22 City & State

23 Lake Worth, FL

24 Zip 33467

Country

25 Palm Beach

Country

30

9. Name and Address of Current Registered Agent

HUBSCHER, DONNA ANDREA
6129 LAKE WORTH ROAD
LAKE WORTH FL 33463

6185 Ygg Road
Lake Worth, FL
33467

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUBSCHER, DONNA ANDREA
STREET ADDRESS 1014 MANOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL

TITLE T
NAME HUBSCHER, BONNIE J.
STREET ADDRESS 171 LAKE ARBOR DR
CITY-ST-ZIP PALM SPRINGS FL

TITLE VP
NAME HUBSCHER, TAYLOR M.
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S
NAME BUTLER, BRANT A.
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP W PALM BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Vice President
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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:

BRANT A. BUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date

(561) 4394222
Daytime Phone #

CR2E034 (11/98)

0354963