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



Sandra B. Mortham

	PROFIT FLORIDA DEPARTMENT OF STATE					May 01 1998 8:00am			
	ORATION Sandra B. M					_			I
	JAL REPORT	Secretary of State				Secretary of State			
	1998	DIVISION OF CORPORATIONS					y OI St	aic	
	MENT # H3776(FITNESS, INC.	(6)							
Principal Plac	e of Business	Mailing Address							
C/O DEAN COSGROVE C/O DEAN COSGROVE									
1889 ALT. 19 TARPON SPG	SOUTH S. FL 34689-9615	1888 ALT, 19 SOUTH TARRON SPGS, FL 348894	1888 ALT. 19 SOUTH TARPON SPGS. FL 34689-9615			DO NOT WRITE IN THIS SPACE			
IAII OIL OIL	O. 12 01000 010	THIS OF GLOS. 12 STOOL GOLD				3. Date Incorporated or Qualified			
9 Dringing D	lace of Business	I do Mailes Address				01/14/1985 4. FEI Number			4
2. Principal P	ace of business	2a. Mailing Address				59-2508893		oplied For ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75	Additional	1
City & Stat	^	City & State					Fee Re	equired	┨
23	•	28				Election Campaign Financing Trust Fund Contribution		May Be to Fees	ŀ
Zip	Country	Zip	_	untry		8. This corporation owes or has paid to	he current year In	tangible	1
24	9. Name and Address of Current		30	1		Personal Property Tax due June 30. 10. Name and Address of New Regist] No	┨
CO	SGROVE, DEAN			81 1	Name	18.			1
1888 ALT. 19 SOUTH				82 9	Street Add	ress (P.O. Box Number is Not Acceptable)			┨
TAI	rpon SPGS. FL 33589			83					-
				Щ					
				84 (City		FL 85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607,1508, Florida Statutes	s, the a	bove-n	amed cor	poration submits this statement for the purpation's board of directors. I hereby accept the	ose of changing in	ts registered	1
agent. I a	m familiar with, and accopt the obliga	tions of, Section 607.0505, Flor	ida Stat	tutes.	.o 00.ps/s	and to becaute of an estate. Thereby accept in	фронили	1091010104	ļ
SIGNATURE	Signature, lyped or printed name of registered ager	it and little if applicable (NOTE:	Rogistere	d Ageni s	ignature requ	ired when reinstating)	DATE		ے
12.		ICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER			18
TITLE NAME	PD Cosgrove, Dean	₩ DELETE	1.1 Ti				Change	Addition	15
STREET ADDRESS	23 CITRUS DR		1.2 NAME 1.3 STREET		DRESS				18
CITY-ST-ZIP	PALM HARBOR FL			rty-st-z					្តន
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition]¢
NAME	NICHOLAS, GEORGE 1607 GULF ROAD		2.2 N						
STREET ADORESS CITY-ST-2IP	TARPON SPRINGS FL		2.3 STREI 2.4 CITY						İ
TITLE	D	☐ DELETÉ	31 TITLE				☐ Change	Addition	1
NAME	GILLS, JAMES		3.2 NAME		1				Ì
STREET ADDRESS	512 DRIFTWOOD CIRCLE			TREET AD					İ
CITY-ST-ZIP TITLE	TARPON SPRINGS FL	☐ DELETÉ	3.4. C	ITY-ST-Z	ZIP		Change	Addition	1
NAME		_	4. 2 NAME					_	}
STREET ADDRESS			4.3 STREET		DRESS				İ
CITY-ST-ZIP		71	4.4 CITY-		IP		T7 01	7.440	1
TITLE		DELETE	5.1 TITLE		ļ		Change	Addition	
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS					l
CITY-ST-ZIP				11Y-ST-2					1
TITLE	DELETE		6 1 TI				☐ Change	Addition	1
NAME			6.2 N						1
STREET ADDRESS				TAEET ADI					
CITY-ST-ZIP			■ 6.4 CI	11Y-S1-Z	P [1

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 on the receiver of trultee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

4/22/98

813-938-8551

FILED