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## 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

DOCUMENT # J72066  1. Corporation Name CANADIAN FITNESS HOLDING COMPANY					A LEBOUR AIRL LEBUR WALL SHALL BLIKE BUIL BIGG	Alan Billi tibil d	11813 <b>518</b> 11 (881
CANADIAN FITNESS HOLDING CO 733 W. STATE ROAD 496 #2001 415 ALTAMONTE SPRIGS FL 32701 FLIN		415 W. COURT STREET FLINT MI 48503	CANADIAN FITNESS HOLDING CO 415 W. COURT STREET		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
US 2. Principal Pl	ace of Business	2a. Mailing Address			05/11/1987 4. FEI Number	Ap	plied For
21         26           Suite, Apt. #, etc.         Suite, Apt. #, etc.				65-0074858  5. Certificate of Status Desired □	\$8.75 A		
City & State City & State		— ´			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	May Be
23	Country 25	Zip 29	Country 30	,	This corporation owes the current year In Personal Property Tax.		□No
241	9. Name and Address of Curren	_ <del></del>			10. Name and Address of New Registered	i Agent	
KAHN, JEROME B 733 W. STATE ROAD 436 ALTAMONTE SPRINGS FL 32714  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute: office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.				City e-named corr	dressi(PO. Box Number is Not Acceptable)  """  """  """  """  """  """  """	of changing its	registered
SIGNATURE	m familiar with, and accept the obligation of registered age.				red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	11 TITLE			☐ Change	☐ Addition
NAME	KAHN, JEROME B.		1.2 NAME	ì			
STREET ADDRESS 733 W. STATE ROAD 436 #2001		1.3 STREE	T ADDRESS			i	
CITY-ST-ZIP	ALTAMONTE SPRING FL		1.4 CITY-5	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME.	JACONETTI, GEORGE W.		2.2 NAME				
STREET ADDRESS	DDRESS 733 W. STATE ROAD 436 #2001		2.3 STREE	T ADDRESS	ينفسنون يايان	•	*** ***
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		[7.6k	Addisin.
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				ĺ
STREET ADDRESS			- 6	TADDRESS			,
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE			L Change	· 🗌 Addition
NAME			6.2 NAME	Ì			l l
STREET ADDRESS			6.3 STREE	TADDRESS	•		
CITY-ST-ZIP			6.4 CITY-5	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:

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7 18/97 Date

Daytime Phone #

(2E034 (11/98)