

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

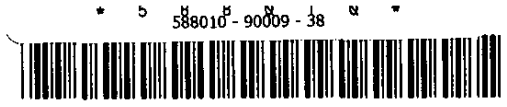
07-14-1999 90009 038 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K05460**
 1. Corporation Name
KEY FITNESS FORMULAS, INC.



Principal Place of Business
~~400 NW BOCA RATON BLVD.
 2500 N. MILITARY TR. #170
 BOCA RATON FL 33432
 US~~

Mailing Address
~~310 PARK ISLAND NE
 CLEARWATER FL 34630
 US~~
 33767

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1987

4. FEI Number **65-0035296** 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. Yes No

2. Principal Place of Business

21	310 PALM ISLAND NE	2a. Mailing Address	310 PALM ISLAND NE
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	CITY & STATE CLEARWATER, FL	27	CITY & STATE CLEARWATER, FL
24	Zip 33767	28	Zip 33767
25	Country US	29	Country US

9. Name and Address of Current Registered Agent

BONDURANT, MICHAEL L.
~~400 NW BOCA RATON BLVD.~~ **310 PALM ISLAND NE**
~~BOCA RATON FL 33432~~ **CLEARWATER, FL 33767**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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]* DATE **7/5/99**

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	<input type="checkbox"/> DELETE
NAME	BONDURANT, MICHAEL L.	
STREET ADDRESS	310 PALM ISLAND NE	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *[Signature]* DATE **7/5/99** TELEPHONE **727-442-7379**

CR2E034 (5/99)

588010-90009-88



K05460

KEY FITNESS FORMULAS, INC.

*Professional Supplement Formulas
Fitness Equipment and Accessories
The Muscle Museum*

July 2, 1999


State of Florida
Division of Corporations
Tallahassee, Fl

Dear Sir,

Enclosed is our check for \$150.00 in payment for annual fee. Please note by the attached copy that your first notice apparently went to an incorrect address and thus I did not receive it. Please note my correct address below. My correct address is:

M.L. BonDurant
310 Palm Island, NE
Clearwater, Fl 33767

Sincerely,



M.L. BonDurant,
president