

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

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90004 030 \*\*\*150.00

DOCUMENT # K56992

1. Corporation Name

BODY DESIGN FITNESS CENTER, INC.



Principal Place of Business

500 W. LAKE MARY BLVD.  
SANFORD FL 32773  
US

Mailing Address

500 W. LAKE MARY BLVD.  
SANFORD FL 32773  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1989

4. FEI Number

59-2923183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4050 West S.R. 46

Suite, Apt. #, etc.

22

City & State

23 SANFORD FL

Zip

24 32771

Country

25 Seminole

2a. Mailing Address

26 4050 W-SR 46

Suite, Apt. #, etc.

27

City & State

28 SANFORD FL

Zip

29 32771

Country

30 Seminole

9. Name and Address of Current Registered Agent

TERWILLIGER, HARVEY  
23120 DERBY DRIVE  
SORRENTO FL 32776

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 S ☐ DELETE

NAME TERWILLIGER, AILEEN  
STREET ADDRESS 25120 DERBY DRIVE  
CITY-ST-ZIP SORRENTO FL

TITLE PT ☐ DELETE

NAME TERWILLIGER, HANEY  
STREET ADDRESS 25120 DERBY DRIVE  
CITY-ST-ZIP SORRENTO FL

TITLE VP ☒ DELETE

NAME FRIEND, RICK  
STREET ADDRESS 500 W. LAKE MARY BLVD.  
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Terwilliger 4-20-99 407 330-1208

CR2E034 (11/98)