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May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K77345 (2)

1. Corporation Name

FLORIDA FITNESS CONSULTANTS, INC.

Principal Place of Business

P.O. BOX 831236
MIAMI FL 33283-1236
US

Mailing Address

P.O. BOX 831236
MIAMI FL 33283-1236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1989

4. FEI Number

65-0163818

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 85155

Suite, Apt. #, etc.

22 City & State

23 Hialeah, FL

Zip

24 33008

Country

25 USA

2a. Mailing Address

26 P.O. Box 85155

Suite, Apt. #, etc.

27 City & State

28 Hialeah, FL

Zip

29 33008

Country

30 USA

9. Name and Address of Current Registered Agent

BREZINA, FRANK
6700 SW 54TH STREET
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CUMMINGS, ARLENE
STREET ADDRESS P.O. BOX 831236 N/A
CITY-ST-ZIP MIAMI FL 33283-1236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 85155 N/A
1.4 CITY-ST-ZIP Hialeah, FL 33008

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Director - D. Maritza
2.3 STREET ADDRESS Golding, Maritza
2.4 CITY-ST-ZIP P.O. Box 85155 N/A
Hialeah, FL 33008

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.

SIGNATURE:

[Signature] (305) 540-5157

CR2E034 (10/97)