

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K84589** (6)

1. Corporation Name
FITNESS DEPOT INC.



Principal Place of Business: **1619 SW 107 AVENUE MIAMI FL 33165 US**
Mailing Address: **1619 SW 107 AVENUE MIAMI FL 33165 US**

3. Date Incorporated or Qualified: **05/02/1989**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **65-0016134**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30. 2a. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent

**GARROTE, ANGEL
1619 SW 107 AVENUE
HIALEAH FL 33165**

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 607.1505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2-6-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DCM	<input type="checkbox"/> DELETE	1.1 TITLE: DCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARROTE, ANGEL L.		1.2 NAME: Garrote, Angel L.	
STREET ADDRESS: 340 E 38TH ST.		1.3 STREET ADDRESS: 8 315 NW 186 ST #402	
CITY-ST-ZIP: HIALEAH FL		1.4 CITY-ST-ZIP: Miami FL 33015	
TITLE: PVT	<input type="checkbox"/> DELETE	2.1 TITLE: PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARROTE, ANGEL L.		2.2 NAME: Garrote, Angel L.	
STREET ADDRESS: 340 E 38TH ST		2.3 STREET ADDRESS: 8 315 NW 186 ST #402	
CITY-ST-ZIP: HIALEAH FL		2.4 CITY-ST-ZIP: Miami FL 33015	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **2-6-96** DAYTIME PHONE: **305-225-5224**

CR2E034 (12/95)