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

Mailing Address

6200 GULF BLVD

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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29

ST PETE BEACH FL 33706

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L03148

Country

9. Name and Address of Current Registered Agent

25

KOTSOPOULOS, JAMES

5662 JEREZ CT FT MYERS FL 33919

MVP SPORTS CLUB, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

5662 JEREZ CT

21

22

23

24

Zip

FT MYERS FL 33919

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90008 021 ***158.75

DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualifed					
07/18/1989					
4. FEI Number	Applied For				
59-2999837	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 Intang Personal Property Tax.	gible] Yes (X No				
0. Name and Address of New Registered Age	ent				

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

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.

84

(NOTE: Registered Agent signature required when reinstating)

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating).	DATE	
2.	OFFICERS AND DIRECTORS	13.		TO OFFICERS AND DIRECTO	RS IN 12
TLE	DPS DELETE	1.1 TITLE	43. 247	☐ Change	☐ Addition
AME	KOTSOPOULOS, JAMES	1.2 NAME	# ************************************	•	ļ
TREET ADDRESS	5662 JEREZ CT	1.3 STREET ADDRESS			
ITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP		·	
TLE	V DELETE	2.1 TITLE		Change	☐ Addition
AME	RADICH, DOREEN	2.2 NAME	·		
TREET ADDRESS	6200 GULF BLVD	2.3 STREET ADDRESS			
ITY-ST-ZIP	ST PETE BCH FL	2.4 CITY-ST-ZIP		Change	Addition
ITLE	. V DELETE	3.1 TITLE		. Change	☐ Addition
AME	DEMENT, KAREN	3.2 NAME		,	
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IAME		5.2 NAME	-		
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TTLE	DELETE			- Cloudige	
IAME		6.2 NAME			
TREET ADDRESS		6.3 STREET ADDRESS			
OTY-ST-ZIP	enable that the information cumplied with this filling does not qualify for t	6.4 CITY-ST-ZIP	tis Section 110 07/2)(i) Florida St	atutes. I further certify that the i	nformation
		ne exemption stated	i in section 149.07(3)(II). Monda St	aures, i luitici veitir diat lie i	

I nereby certify that the information supplied with this filling 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: