

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L35610 (9)

1. Corporation Name

FIRM FITNESS, INC.



Principal Place of Business

Mailing Address

% JEFFREY J. KOHL
P. O. BOX 690813
ORLANDO FL 32869-7813

% JEFFREY J. KOHL
P. O. BOX 690813
ORLANDO FL 32869-7813

3. Date Incorporated or Qualified

12/08/1989

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 8009 DORSEL CT. 26 8009 DORSEL CT.

4. FEI Number

59-2987684

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32836

25 ORANBE

29 32836

30 ORANBE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHL, JEFFREY J.
8009 DORSEL COURT
ORLANDO FL 32836

81 Name

KOHL, MICHELE K.

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

8009 DORSEL CT.

83

84 City

ORLANDO

FL

85 Zip Code

32836

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

Michele K. KOHL PRESIDENT MICHELE K. KOHL

4/25/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS ☐ DELETE
NAME KOHL, MICHELE K.
STREET ADDRESS 8009 DORSEL CT.
CITY - ST - ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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TITLE ☐ DELETE
NAME
STREET ADDRESS
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4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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4.4 CITY - ST - ZIP

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CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Michele K. KOHL PRESIDENT

4/25/96 407-876-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034 (12/95)