

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **M56901** (5)

1. Corporation Name
FLORIDA PRITIKIN CENTER, INC.

Principal Place of Business

**C/O SUITE 300, INC.
5875 COLLINS AVE
MIAMI FL 33140-2213**

Mailing Address

**C/O SUITE 300, INC.
5875 COLLINS AVE
MIAMI FL 33140-2223**

3. Date Incorporated or Qualified
08/06/1987

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2841506

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUITE 300, INC.
150 S.E. 2ND AVENUE
STE.300
MIAMI FL 33131**

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 ☐ DELETE

NAME **D LEHR, DAVID**

STREET ADDRESS **5215 PINE TREE DR**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D FLOYD, MARIA K.**

STREET ADDRESS **24 INDIAN CREEK ISLAND**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D WISER, KEVIN**

STREET ADDRESS **1910 OCEAN FRONT WALK**

CITY-ST-ZIP **SANTA MONICA CA**

TITLE ☐ DELETE

NAME **P KETTLE, JOHN E.**

STREET ADDRESS **5875 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **V BAUER, ROBERT E.**

STREET ADDRESS **5875 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **T TILLEY, PAUL**

STREET ADDRESS **5875 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL**

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 do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0193539

CR2E034 (9/96)