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FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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 33140-2213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1987

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **D** ☒ DELETE
NAME **LEHR, DAVID**
STREET ADDRESS **5215 PINE TREE DR**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **FLOYD, MARIA K.**
STREET ADDRESS **24 INDIAN CREEK ISLAND**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **WISER, KEVIN**
STREET ADDRESS **1910 OCEAN FRONT WALK**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **P** ☐ DELETE
NAME **KETTLE, JOHN E.**
STREET ADDRESS **5875 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **V** ☐ DELETE
NAME **BAUER, ROBERT E.**
STREET ADDRESS **5875 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **T** ☐ DELETE
NAME **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 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:

CR2E034 (10/97)