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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90083 019 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M97936

1. Corporation Name

Principal Place of Business

AEROBIC WARE AT THE SQUARE, INC.

| Principal Place of Business | | Mailing Address | | | s seement tim seitt toorin teinen etit mint etinit etinit mint etinit mint etinit mint etinit mint mint fent | | |
|-----------------------------|-----------------------------------------------------------------------------------|----------------------------------|-----------------|---------------------|--------------------------------------------------------------------------------------------------------------|--------------|---------------|
| 623 OAKFIELD DR | | 623 OAKFIELD DR | 623 OAKFIELD DR | | | | |
| BRANDON FL 33511 | | BRANDON FL 33511 | | | | | |
| US | | US | | | DO NOT WRITE IN THE | 3 SPACE | |
| ľ | | | | | 3. Date Incorporated or Qualifed | - | <u>-</u> : |
| Delevate at 5 | | | | | 09/09/1988 | | |
| · | Place of Business | 2a. Mailing Address | | | 4. FEI Number | A | pplied For |
| 21 | | 26 | | | 65-0078585 | N | ot Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | . Fee R | equired |
| City & Sta | ite | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes the current year In | tangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| COL | LEDA IOE ID D | | 81 | Name | | | |
| | LERA, JOE JR P | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| l | 3 W KENNEDY BLVD | | " | Olivet Auc | uress (F.O. Box Number is Not Acceptable) | | |
| | TE #101 | | 83 | | | | |
| IAM | IPA FL 33609 | | | | | , | |
| | | | 84 | City | FI | | Code |
| 11, Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the above | e-named cor | poration submits this statement for the purpose of | changing its | registered |
| Ollico Ol i | registered agent, or both, in the State im familiar with, and accept the oblig | e ui rionua. Such change was ali | tnonzea nv | the cornorat | tion's board of directors. I hereby accept the appoint | ntment as re | gistered |
| SIGNATURE | 01 | | | | | | |
| 12. | Signature, typed or printed name of registered ag | | ~ | it signature requir | red when reinstating) DATE | | |
| TITLE | PST OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| | l . | ☐ DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | WYSONG, SANDRA K | | 1.2 NAME | | • | | |
| STREET ADDRESS | 12404 SHADOW RUN BLVD | | 1.3 STREET | ADDRESS | • | | |
| CITY-ST-ZIP | RIVERVIEW FL | | 1.4 CITY-ST | r-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 2.2 NAME | i | • | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-S | T-ZIP | 1 2 | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | • |
| CITY-ST-ZIP | | | 3.4. CITY- \$ | i | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | 1-71L | - | [] Change | ☐ Addisia |
| NAME | | | 4.2 NAME | | | | Addition |
| STREET ADDRESS | | | | | • | | ļ |
| 1 | | | 4.3 STREET | | | | |
| CITY-ST-ZIP TITLE | | □ perete | 4.4 CITY-ST | -ZIP | | | |
| | | ☐ DELETE | 5.1 TITLE | | • | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | Ì |
| STREET ADDRESS | | | 5.3 STREET | 1 | | | } |
| CITY-ST-ZIP | | | 5.4 CITY-ST | -ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | ł |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY, ST. 7IP | | | 6.4 CITY OT | 7/2 | • | | |

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 on 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 13 or Block 13 or Granged, or on an attachment with an address, with all other like empowered.

SIGNATURE: