

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000006545 (6)

1. Corporation Name

KEYS BODYFIT AEROBICS, INC.



Principal Place of Business

Mailing Address

428 LAGUNA AVE.
KEY LARGO FL 33037

428 LAGUNA AVE.
KEY LARGO FL 33037

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 103200 O/S Hwy #12

2a. Mailing Address
26 17 Corrine Place

4. FEI Number
65-0385306

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Key Largo, Fl 33037

28 City & State
Key Largo, Fl 33037

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
USA

29 Zip Country
USA

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

ANDERSON, JODELL
428 LAGUNA AVE.
KEY LARGO FL 33037

81 Name
Barbara L. Pieklo

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

83

84 City
Key largo

85 Zip Code
FL 33037

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

Barbara L. Pieklo

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

(Initials: Registered Agent signature required when reinstating)

6-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SHELDON, MELINDA
STREET ADDRESS 82670 OVERSEAS HWY.
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE D ☐ DELETE
NAME PIEKLO, BARBARA
STREET ADDRESS 17 CORRINE PL.
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D ☒ DELETE
NAME ANDERSON, JODELL
STREET ADDRESS 428 LAGUNA AVE.
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

Barbara L. Pieklo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96 (305)852-3234

Date

Daytime Phone

CR2E034 (3/96)