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

DOCUMENT # P9300008845 (8)

K & G FITNESS CORP.

Principal Place of Business 21069 MILITARY TRAIL BOCA RATON FL 33432 US			210 BO	Mailing Address 21069 MILITARY TRAIL BOCA RATON FL 33486-1043 US						VVIII 1514	10101 10111 1		HI IIKI
									3. Date Incorporated or Qualified 02/04/1993		ate of Las 18/1990		ort
2. Principa' Place of Business				2e. Mailing Address					4. FEI Number		1		ed For
Suite, Apt #, etc.				Suite, Apt. #, etc.					65-0385327				Applicable
22				27					5. Certificate of Status Desired		\$8.7	⊅ Add Regu	
City & State				City & State					6. Election Campaign Financing		\$5.0		
23				28					Trust Fund Contribution			ed to f	
Z φ	Country			Zip Cou				B. This corporation has liability for Inta			angible tay under s. 199.032,		
24	25		29			0			Florida Statutes 🔲 Yes 📝 No				
9. Name and Address of Current f				gistered Agent			Name	10. Name and Address of New Registered			Agent		
	GER, BERN					81	Name						
4700 SHERIDAN ST. Suite B							Street	Addres	ss (P.O. Box Number is Not Acceptab	e)		***************************************	
	TAMOOD	Fi 33021				83							
1106		1 1 0001				84	City				AE 7	in Co	40
										FL	,	ip Co	
11. Pursuant t	to the provis	sions of Sections 60	7.0502 and 60	07.1508, Ftorida State	ites, the	above	-named	corpo	ration submits this statement for the pin's board of directors. I hereby accep	urpose of	changing	g its r	egistered
agent. Tar	m familiar w	ith, and accept the	obligations of	, Section 607.0505, F	lorida S	tatutes	ine corp	poratio	it's board of directors. Thereby accep	t trib app	Olistrient	as ret	gistored
SIGNATURE											···		
12.	Signature, lyped	d or printed name of registr	reid agent and title IS AND DIREC			<u>`</u>	nt signature	required	when reinstating)	DATE	DIDECT		151.45
IIL.	P	OFFICER	IS AND DIREC	DELETE		3.		I	ADDITIONS/CHANGES TO OFFIC	EHS ANL	Chang		Addition
NAME	•	, COREY		Lad Decert		2 NAME				: :	Chang		Audillon
STREET ADORESS		ILITARY TRAIL					ADDRESS			1.			
CITY-ST-ZIP		ATON FL				4 CITY-S				1. 1			
THE				DELETE		1 TITLE	,			····	Chang	xe T	Addition
NAME					2.2	2 NAME						_	
STREET ADORESS					2.3	3 STREET	ADORESS						
CHTY - S1 - ZIP					2.	4 CITY-S	ST-ZIP						•
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NAME					3.2	2 NAME							
STREET ADDRESS					3.3	3 STREET	ADDRESS						
CITY-SI-ZIP		·· ······		· .	3.4	4. CITY-S	31 - ZIP	<u> </u>					
TITLE				L DELETE	4.1	1 TITLE					Chang)e [Addition
NAME					4.	2 NAME							
STREET ADDRESS					4.3	3 STREET	ADDRESS						
CITY-ST-ZIP			***************************************			4 CITY-S	T-ZIP						
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NAME						2 NAME							
STREET ADORESS							ADDRESS						
CITY-S1-ZIF						4 CITY-S	T-ZIP	ļ					
TITLE				☐ DELETE		1 TITLE					L Chang	je [Addition
NAME						2 NAME							
STREET ADDRESS					6.3	3 STREET	ADDRESS						

14. I do hereby certify that the information supplied with the 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 supplied with the 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 supplied with the conditional 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 of the receiver of 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 chapted, or on an attachment with an address.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

21 (5) /5(1-39 4-

FILED

May 16 1997 8:00am

Secretary of State