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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023815 (2)

EZ FIT, INC.

Principal Place of Business

FILED
Apr 30 1997 8:00am
Secretary of State

		A CONTRACTOR OF THE CONTRACTOR

333 N. E. 20TH STREET BOCA RATON FL 33431 US		333 NE 28TH STREET BOCA RATON FL 33431 US	BOCA RATON FL 33431-6820									
							Date Incorporated or Qualified 03/29/1993		te of Last R 15/1996	eporl		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Ar	oplied For		
21		26	26				<b>65-0399534</b> Not App			ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>—</b> —			5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State 23		City & State			· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1			
Zip 24				Country  8. This corporation has liability for intangible tax u Florida Statutes  Yes				No	199.032,			
	g. Name and Address of C	urrent Registered Agent				10.	Name and Address of New Re	gistered A	.gent			
	iin, elda s			81	Name					l		
	N. E. 28 STREET CA RATON FL 33431		Ì	82	Street Add	dress (P.	ess (P.O. Box Number is Not Acceptable)					
				83								
			}	84	City			FL	<b>85</b> Zip (	Code		
11, Pursuant office or r agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	tutes, the ab is authorized Florida Stati	ove by tes	enamed cor the corpora s.	orporation ration's b	i submits this statement for the poard of directors. I hereby accept	urpose of t the appo	changing it sintment as	is registered registered		
SIGNATURE												
	Signature, typed or printed name of register			Age	ant signature requ	·	<del></del>	DATE				
12,	OFFICER	S AND DIRECTORS  DELETE	13.			A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	RS IN 12		
TITLE	<b>Zan</b> in, elda s	L DETETE	1.1 111						LT change	Mooition		
NAME	333 N. E. 28TH ST.		1.2 NA									
STREET ADDRESS	BOCA RATON FL		1		ADDRESS							
CITY-ST-ZIP TITLE	DOOM HATOITTE	DELETE	1.4 CiT 2.1 TiT		1 - ZIP				Change	Addition		
NAME			2.2 NA						L Change	C 7 Madelleri		
STREET ADDRESS			•		ADDRESS							
CITY-ST-ZIP			2 4 C		· ·							
TITLE	<u></u>	DELE1E	3170		7-2"			·	Change	Addition		
NAME			32 NA	ME					•			
STREET ADDRESS			3 3 ST	REET	ADDRESS							
CITY-ST-ZIP			3.4. CI	TY-S	ST - <b>Z</b> IP							
TITLE		DELETE	4.1 111	LΕ					Change	Addition		
NAME			4.2 N/	AME								
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CIT	Y · S	it - ZIP							
TITLE		DELETE	5.1 TIT	LE.					Change	Addition		
NAME			5.2 NA	ME								
STREET ADDRESS			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP			5.4 CIT		iT-21P					C= 0.4 + ++++		
TITLE		☐ DELETE	6.1 111	£F.	ł				☐ Change	Addition		
NAME			6.2 NA		ļ							
STREET ADDRESS			6.3 ST	REET	ADDRESS							
CITY-ST-7IP			6.4 CII	ry-s	T-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 if changed, or on an attachment with an address.

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