

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90054 041 \*\*\*150.00

DOCUMENT # P93000025740

1. Corporation Name

POSITIVE FITNESS RESULTS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 611823  
NORTH MIAMI FL 33261-1823  
US

POST OFFICE BOX 611823  
NORTH MIAMI FL 33261-1823  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1993

4. FEI Number

65-0412262

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 800822

26 P.O. Box 800822

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 AVENTURA FL

28 AVENTURA FL

24 Zip Country

29 Zip Country

24 33280-0822 25 U.S.

29 33280-0822 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, GENE A.  
3040 NE 190 STREET  
SUITE 208  
AVENTURA FL 33180

81 Name

WARREN GENE A.

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

20500 WEST COUNTRY CLUB DRIVE

83

SUITE 711

84 City

AVENTURA

FL

85 Zip Code  
33180

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
NAME WARREN, GENE A  
STREET ADDRESS 3040 NE 190 STREET SUITE 208  
CITY-ST-ZIP AVENTURA FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

D  
WARREN, GENE A

1.3 STREET ADDRESS

20500 WEST COUNTRY CLUB DR. SUITE 711

1.4 CITY-ST-ZIP

AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.14.99

305.682.1510

CR2E034 (11/98)