

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 APR 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005045 (7)**

1. Corporation Name

FLORIDA FITNESS CONCEPTS, INC.

Principal Place of Business

**722 OAKLEAF COURT
APOPKA FL 32712**

Mailing Address

**722 OAKLEAF COURT
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 806 VIRGINIA DR.

2a. Mailing Address

26 806 VIRGINIA DR

4. FEI Number

59-3218757

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32803

Country

25 ORANGE

Zip

29 32803

Country

30 ORANGE

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WOODLIEF, MITCHEL E
225 E. CHURCH ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**DICKSON, JOHN R SR
7728 COUNTRY PLACE
WINTER PARK FL 32792**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**WOODLIEF, ALLAN D
722 OAKLEAF CT.
APOPKA FL 32712**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**WOODLIEF, SUSAN K
722 OAKLEAF CT.
APOPKA FL 32712**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

DICKSON, JOHN R. SR

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

resigned

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

D

3.2 NAME

SUSAN KHOURY KHOURY, Susan

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 member 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.

SIGNATURE:

Susan Khoury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN KHOURY

4/25/95 (407)897-6633