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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000022315 (3)**

1. Corporation Name

POINCIANA FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
18 DOVERPLIM CENTER KISSIMMEE FL 34759 US	18 DOVERPLUM CENTER KISSIMMEE FL 34759 US

3. Date Incorporated or Qualified: **03/18/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3232609** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BROWN, BARRINGTON E
616 MIDIRON DR
KISSIMMEE FL 34759

10. Name and Address of New Registered Agent

81 Name: DIOGENES POVERIE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 641 MIDIRON DR.
84 City: KISSIMMEE FL 85 Zip Code: 34759

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: DIOGENES POVERIE — Apr. 4, 1996
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required for filing) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☒ DELETE
NAME	BROWN, BARRINGTON E	
STREET ADDRESS	616 MIDIRON DR	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	D	☒ DELETE
NAME	BROWN, ROCKELL Y	
STREET ADDRESS	616 MIDIRON DR	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	D	☐ DELETE
NAME	POVERIE, DIOGENES	
STREET ADDRESS	641 MIDIRON DR	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	D	☐ DELETE
NAME	POVERIE, MARIA	
STREET ADDRESS	641 MIDIRON DR	
CITY-ST-ZIP	KISSIMMEE FL 34759	
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
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: DIOGENES POVERIE — Apr. 4, 96 — 407 932 0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone