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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000027253 (1)

corporation Name	;		
PERSONAL	BEST.	INC.	

Principal Place of Business Mailing Address % JILL FJELSTUL % JILL FJELSTUL 1015 LINMAR AVENUE 1015 LINMAR AVENUE FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 3. Date incorporated or Qualified 3a. Date of Last Report 04/11/1994 05/01/1995 2. Principal Place of Business 4. FFI Number 2a. Mailing Address Applied For 25939 DOGWOOD 59-3277220 25939 DOGWOOD X Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box FLORUBA ASTATULA FLORIDA Trust Fund Contribution 23 ASTATULA 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, USA 34705 Yes X No Florida Statutes 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FJELSTUL, JILL Street Address (P.O. Box Number is Not Acceptable) 82 1015 LINMAR AVENUE 25939 DO6WOOD 83 FRUITLAND PARK FL 34731 84 City Zip Code 85 ASTATULA 34705 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. JILL Freustul SIGNATURE. ed agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X Change DELETE Addition TITLE 1. 1 TITLE FJELSTUL. JILL NAME 25989 DOGWOOD LANG 1015 LINMAR AVENUE STREET ADDRESS 1.3 STREET ADDRESS FRUITLAND PARK FL 34705 CITY - ST - ZIP 1.4 City-St-ZiP FLORE DA DELETE Addition TITLE 2 1 TITLE Dhange 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE Addition TITLE 3 1 TIFLE Change NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-7/P DELETE Change ☐ Addition TITLE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5 1 TIBLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6. 1 TITLE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MA BUS HILL MANATURE AND PRED OR PRINTED NA JILL FYELSTILL
SIGNING OFFICER OR DIRECTOR

6.2 NAME

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 eath; 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4-29-96

(352) 93 315-3567 Daytin o Phone # CR2E034 (12/95)