

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000035174 (9)

1. Corporation Name

BEYOND FITNESS OF FLORIDA, INC.



Principal Place of Business

2454 MCMULLEN BOOTH  
STE. 301  
CLEARWATER FL 34619  
US

Mailing Address

P O BOX 60235  
ST PETERSBURG FL 33784

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3250475

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

9. Name and Address of Current Registered Agent

SAMMARCO, JOSEPH S  
3910 31ST ST N  
UNIT B  
ST PETERSBURG FL 33714

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 effecting a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP  
SAMMARCO, JOSEPH S  
P O BOX 60235 N/A  
ST PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVP  
LABONTE, JEANINE  
31177 US HWY 19 N. #1112  
PALM HARBOR FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
DI CENZO, RICHARD H A  
3020 CEDAR TRACE  
TARPON SPRINGS FL 34689

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
DI CENZO, ELIZABETH A  
3020 CEDAR TRACE  
TARPON SPRINGS FL 34689

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS  
FISCHER, JAMES L  
4480 CRESTWOOD DR N  
ST PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH S. SAMMARCO

DATE

4/11/96

DAYTIME PHONE #

813-726-2800

CR2E034 (12/95)