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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000035174 (9) DOCUMENT #

FILED Mar 05 1998 8:00am Secretary of State

BEYOND FITNESS OF FLORIDA, INC.						
						- CARACIARA NA CANT ERAN REDIX RENI ERAN ERAN ERAN ERAN ERAN ERAN ERAN ERAN
Principal Plac	e of Business	Mailing Address		,		
3910 31ST ST	FREET N	P O BOX 60235	.04			
ST PETERSBURG FL 33714 ST PETERSBURG FL 33764 US						DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualified
						05/10/1994
2. Principal P	2a. Mailing Address	ailing Address			4. FEI Number Applied For	
21	26				59-3250475 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		27 City & State	City & State			Fee Required
_	5	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	Zip Country				8. This corporation owes or has paid the current year intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren		1321			10. Name and Address of New Registered Agent
SA	MMARCO, JOSEPH S			81	Name	
	10 31ST ST N			82	Street Ac	Address (P.O. Box Number is Not Acceptable)
UNIT B				Ш		
ST	PETERSBURG FL 33714			83		
				84	City	85 Zip Code
		1003 1500 51 11 0		Ш		FL P
office or r	egistered agent, or both, in the State	of Florida, Such change was a	es, the a authorize	bove d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Stat	tutes		
SIGNATURE	Signature, typod or printed name of registered ager	nt and title if applicable (NOT)	E: Registere	d Ager	n signalure rec	equired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TOP .	DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	Sammarco, Joseph S		1.2 N	1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS		et detenguida ei				
CITY - ST - ZIP	ST PETERSBURG FL			IY-ST	r-ZIP	
TITLE		☐ DELETE	2.1 TI	TLE	}	Change Addition
NAME			2.2 N/	AME		
STREET ADDRESS					ADDRESS	N.
CITY-ST-ZIP		Drifts	_	ITY-S	T-ZIP	
TITLE		DELETE	3.1 TI		ļ	☐ Change ☐ Addition
NAME OTOFFT ADDRESS			3.2 N/		ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. U	ITY-SI	1-212	Change Addition
NAME			4. 2 N			
STREET ADDRESS			R		ADDRESS	
CITY-ST-ZIP			,,,,	TY-ST		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 SY	REET A	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-\$T	- ZIP	
TITLE		DELETE	6.1 Ti	TLE		☐ Change ☐ Addition
NAME			6.2 NA	AME		
STREET ADDRESS			6.3 S1	REET A	ADDRESS	
CITY-ST-ZIP	N		6.4 CI	TY-ST	- ZIP	
		to then filling along making white fo				Via Continu 440 07/9/// Florida Ctatutan I further partiful that the information

r nereby certify that the information supplied with this filling 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.