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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036286 (0)

FITNESS PLUS TRAINING SYSTEMS, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Businoss 611 DRUID RD E SUITE 204		611	Mailing Address 611 DRUID RD E SUITE 204								
CLEARWATER	FL 34616		EARWATER FL 34616-3	946				3. Date incorporated or Qualified		ate of Last F	Report
9 Principal P	lace of Business	9-	Mailing Address					05/13/1994 4. FEI Number	04/	10/1996	antinal Con
21	ided of business	26	Willing Address					59-3243114			pplied For ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.								Additional
22		27						5. Certificate of Status Desired			equired
City & State	e		City & State		***************************************			6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country		Z _I p Country				8. This corporation has liability for			s. 199.032,	
24	25	29		30						No No	
	9. Name and Address of Currer	nt Hegisi	ered Agent	*****	81	Name		10, Name and Address of New Re	gistered	Agent	
	ARD, ROBERT D				61	ivame					
611 DRUID RD E SUITE 204			82 S			Street	Addre	ss (P.O. Box Number is Not Accepta	ble)		· · · · · · · · · · · · · · · · · · ·
					83						
l ore	ARWATER FL 34616				00						
					64	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	12 and 60	07 1608 Florida Statu	dos the	abov.	-nanind	Learne	oration submits this statement for the		Changing i	te registered
I office or r	egistered agent, or both, in the State	e of Floric	ta. Such change was i	authori.	zed by	the con	poration	on's board of directors. I hereby acce	pt the app	ointment as	registered
I -	m familiar with, and accept the oblig	ations of	, Section 607.0505, Fi	iorida 5	ialules	S.					
SIGNATURE	Signature, typed or printed name of registered age	ont and title	il applicable (NO	It: Houst	ored Age	nt signature	require	d when remstating)	DATE		
12.	OFFICERS AN	ID DIRLC		11				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	1.1	TITLE					☐ Change	Addition
NAME	ECKARD, ROBERT D			1.2	NAME						
STREET ADDRESS	31790 US HWY 19 N #61			1.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34684				CITY-S	1-7IP	ļ				
TITLE	VP		☐ DELETE	2.1	TITLE		1			Change	☐ Addition [
NAME	WILLIAM JOHNSON				NAME						
STREET ADDRESS	611 DRUID ROAD, E. #204 CLEARWATER FL					ADDRESS					
CITY-ST-ZIP	OCEANWAIER FL		T DELETE		4 CITY-	S1-ZIP	ļ			Change	Addition
TITLE			DELETE		TILE					Change	Addition
STREET ADDRESS					NAME	*000500					
						ADDRESS					
CITY-ST-ZIP TITLE			DELETE		CITY-S	21-511.	 			Change	Addition
NAME					2 NAME					C Ontange	L. Troumen
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S						
TITLE			DELETE		TITLE	- <u></u>	1			Change	Addition
NAME				5.2	NAME					_	
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST-ZIP				5.4	CHY-S	1 - 2(P					
TITLE			DELETE	6.1	TITLE					Change	Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRI SS					

6.4 (IIY-S1-ZIP

14. I do hereby certify that the information supplied with this filing 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 trueffector end to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 or changed, or other end of the corporation of the corporation