SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 26, 1999 8:00 am Secretary of State 07-26-1999 90006 019 ***150.00

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FILED

1999

DOCUMENT # P94000042293

SOUTHERN TIER FITNESS, INC.

						### (1914 PM)
Principal Pla	ce of Business	Mailing Address		1 1001110011 1187 (01	SI MINUS MANSI NASII NASII NANII NIMIN II	916 (1618 18188 HS) 1991
8815 SW 131 ST MIAMI FL 33176		8815 SW 131 ST Miami FL 33176				
					O NOT WRITE IN THIS SPA	CE
•				3. Date Incorporated 06/01/1994 4. FEI Number) or Qualified	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			Applied For
21		26	<u> </u>			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		us Desired	8.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation of		
24	25	29	30	Intangible Person	al Property. Ye	es No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 2						
CON	NSIDINÉ, TRACY J		"KONAID C.	KULL		
239 OTTERWOOD CT JACKSONVILLE FL 32225				ne LAddress (P.O. Box Number is	, Not Accentable)	
JAC	NOUNVILLE PL 32225					
			84	MIAMI	FL 85	33976
11. Pursuant to the provisions of sections 607.0582 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottl, in title 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.						
agent. I am familiar with, and accept the obligations of, section 607.0505/ Florida Statutes.						
SIGNATURE			OTE: Booletored Appr	ignature required when reinstating)	DATE	<u> </u>
12.	Signature, typed of printed name of r	ICERS AND DIRECTORS	13.		IGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7,557775,5744		Change Addition
NAME	KULL, RONALD		1.2 NAME	}		
STREET ADDRESS	0045 CM 404 OT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MANUEL 00476		1.4 CITY-ST-ZI	Ì		}
TITLE		DELETE	2.1 TITLE		Π,	Change Addition
NAME			2.2 NAME		_	
STREET ADDRESS	; (2.3 STREET AD	RESS		
CITY-ST-ZIP			2.4 CITY-ST-ZI	ļ		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	PRESS		3.3 STREET AD	RESS		
CITY-ST-ZIP			3.4 CITY-ST-ZI			
TITLE		DELETE 4.1 TITLE				Change Addition
NAME	}		4.2 NAME	\ \		}
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CJTY-\$T-ZIP	<u> </u>		4.4 CITY-ST-ZI			
TITLE		DELETE	5.1 TITL€			Change Addition
NAME			5.2 NAME	1		į
STREET ADDRESS			5.3 STREET AD	ESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZI			
TITLE		DELETE	6.1 TITLE	ĺ		Change Addition
NAME			6.2 NAME	{		{
STREET ADDRESS			6.3 STREET AD	ESS		ļ
O						

14. I 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 of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changet, or or an affact meet withten address.

SIGNATURE:

RED

p94000042293 595163-90006-19

To whom it may concern:

I am writing this letter to inform you that the original annual report form that was sent in January of 1999, was not received. I called the main office #, and was told to refile, with the enclosed amount of \$150. If there are any problems, do not hesitate to notify me.

#P94000042293

Ronald Kull

Southern Tier Fitness, Inc.