

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000055020 (9)

1. Corporation Name

H & S PUBLISHING, INC.

Principal Place of Business

767 S. STATE RD 7  
SUITE 1  
MARGATE FL 33068

Mailing Address

767 S. STATE RD 7  
SUITE 1  
MARGATE FL 33068

2. Principal Place of Business

21 2725 N. Dixie Highway

Suite, Apt. #, etc.

22 City & State

23 Wilton Manors, FL

Zip Country

24 33334

25 USA

2a. Mailing Address

26 2725 N. Dixie Highway

Suite, Apt. #, etc.

27 City & State

28 Wilton Manors, FL

Zip Country

29 33334

30 USA

9. Name and Address of Current Registered Agent

TOWNE, RENEE M  
6800 W COMMERCIAL BLVD  
SUITE 5  
FT LAUDERDALE FL 33319

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

06/29/1995

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

BARRY HERMAN

82 Street Address (P.O. Box Number is Not Acceptable)

2725 N. Dixie Highway

83

84 City

Wilton Manors

FL

85 Zip Code

33334

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

Barry K. Herman

BARRY HERMAN

5/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
LUSTIG, HARVEY  
11614 N.W. 19TH RD  
CORAL SPRINGS FL 33071

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
TOWNE, RENEE M  
6800 W COMMERCIAL BLVD SUITE 5  
FT LAUDERDALE FL 33319

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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

D  
Barry Herman  
2725 N. Dixie Highway  
Wilton Manors, FL 33334

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

D  
Alan Nissman  
2725 N. Dixie Highway  
Wilton Manors, FL 33334

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

800001877548  
-06/27/96--01022--004  
\*\*\*\*225.00 \*\*\*\*225.00

☐ 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:

Barry K. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY HERMAN 5/20/96

(954) 564-9403

DATE PHONE #

CR2E034 (12/95)

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>H &amp; S PUBLISHING, INC.</b>	
	2 Trade name of business, if different from name in line 1 <b>Gold Coast Fitness Center</b>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>2725 N. Dixie Highway</b>	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <b>Wilton Manors, FL 33334</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Broward County, Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>290-54-8241</b> <b>Barry Herman</b>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church controlled organization	<input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable)	
<input checked="" type="checkbox"/> Other (specify) ▶ <b>corporation for profit</b>		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input checked="" type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**May 27, 1996**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **May 31, 1996**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural <b>4</b>	Agricultural	Household
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14 Principal activity (See instructions.) ▶ **own and operate health club**

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶	Trade name ▶
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly.) ▶ <b>BARRY HERMAN, Director</b>	Business telephone number (include area code) <b>(954) 564-9403</b>
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Signature ▶ **Barry K. Herman** Date ▶ **5/20/96**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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