

AMOUNT DUE ON OR BEFORE 08/13/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150)

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011270

1. Corporation Name

ORLANDO AEROBIC PROGRAMS INC

Principal Place of Business

**5600 W COLONIAL DR
ORLANDO FL 32808**

Mailing Address

**5600 W COLONIAL DR
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

59-3300750

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 owes the current year
Intangible Personal Property.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BROUMAND, GLAVJ
5600 W. COLONIAL DR
ORLANDO FL 32804-3280**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**PS
BROUMAND, GLAVJ
5600 W COLONIAL DR
ORLANDO FL 32808**
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SIGNATURE:

GLAVJ BROUMAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99

Date

(407) 481-2566

Daytime Phone #

CR2E034 (5/99)