

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019856 (0)

1. Corporation Name

SUCCESS THROUGH FITNESS CORP.



Principal Place of Business

Mailing Address

935 LUCAYA AVENUE
VENICE FL 34292

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VENICE FL 34292

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

N/A

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 1782 FOREST RD

26 1782 FOREST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 VENICE, FLORIDA

28 VENICE, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

34293

USA

34293

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN LINDA, MARY
935 LUCAYA AVENUE
VENICE FL 34292

81 Name Kevin Reekie

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

1782 Forest Rd

83

84 City Venice

FL

85 Zip Code

34293

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: Kevin Reekie Kevin Reekie CFO

4/10/96

Signature typed or printed name of registered agent and the corporation

(IN 2011, Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME Philip W. Bassuk
STREET ADDRESS 12026 SW 12th St
CITY-STATE-ZIP Pembroke Pines, FL 33025

TITLE CFO
NAME Kevin Reekie
STREET ADDRESS 12026 SW 12th St.
CITY-STATE-ZIP Pembroke Pines, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (1-800) 338-0111

CR2E034 (12/95)