

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 # P95000024084 (2)

1. Corporation Name

BE FIT, INC.



Principal Place of Business

Mailing Address

2006 NO. FEDERAL HIGHWAY  
BOCA RATON FL 33431

2006 NO. FEDERAL HIGHWAY  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 771 VILLAGE BLVD

Suite, Apt. #, etc.

22 202

City & State

23 WEST PALM BEACH, FL

24 Zip 33409

25 Country PALM BEACH

2a. Mailing Address

26 POST OFFICE BOX 4185

Suite, Apt. #, etc.

27

City & State

28 WINTER PARK, FL

29 Zip 32793

30 Country SEMINOLE

4. FEI Number

65-0569251

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

9. Name and Address of Current Registered Agent

MUELLER, FRED  
2006 NO. FEDERAL HIGHWAY  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

1740 SEMORAN BLVD.

83

SUITE 108

84 City

WINTER PARK

FL

85 Zip Code

32792

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

FRED MUELLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MUELLER, FRED  
STREET ADDRESS 2006 NO. FEDERAL HIGHWAY  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MUELLER, FRED  
1.3 STREET ADDRESS 1740 SEMORAN BLVD. #108  
1.4 CITY-ST-ZIP WINTER PARK, FL 32792

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME PRESIDENT  
2.3 STREET ADDRESS MUELLER, FRED  
2.4 CITY-ST-ZIP 1740 SEMORAN BLVD #108, WINTER PARK  
FL 32792

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME VICE PRESIDENT  
3.3 STREET ADDRESS MUELLER, BONNIE  
3.4 CITY-ST-ZIP 1740 SEMORAN BLVD.#108, WINTER PARK  
FL 32792

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

BONNIE MUELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

407-677-9956

Date

Daytime Phone #

CR2E034 (12/95)