

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000026092 (3)
1. Corporation Name
FLORIDA REHAB & FITNESS CONSULTANTS, INC.

Principal Place of Business
6301 COLLINS AVE., #908
MIAMI BEACH FL 33141

Mailing Address
6301 COLLINS AVE., #908
MIAMI BEACH FL 33141-4629

FILED

97 SEP 11 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1995		3a. Date of Last Report 11/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0574660		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLEFELDER, WILLIAM D 6301 COLLINS AVE., #908 MIAMI BEACH FL 33141				81 Name JACQUELYN SOVEL 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 *J. Sovel* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	SOVEL, JACQUELYN	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	6301 COLLINS AVE., #908	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI BEACH FL 33141	2.1 TITLE	COO	2.2 NAME	GARY GUZZO
TITLE	✓	NAME	HOLEFELDER, WILLIAM D	2.3 STREET ADDRESS	6301 Collins Ave #908	2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141
STREET ADDRESS		STREET ADDRESS	6301 COLLINS AVE., #908	3.1 TITLE	CEO	3.2 NAME	ELLEN LATMAN
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI BEACH FL 33141	3.3 STREET ADDRESS	6301 Collins Ave #908	3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	✓	NAME	COSTELLO, JAMES	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	6301 COLLINS AVE., #908	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI BEACH FL 33141	5.1 TITLE		5.2 NAME	
TITLE	✓	NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE	0619 97	6.2 NAME	97874 042
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS	\$165.00	6.4 CITY - ST - ZIP	

14. I do 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 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 *J. Sovel* *H. Balaz* *97-147-5181*

CR2E034 (9/96)