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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000057382 (0)

MBS FITNESS, INC.

1. Corporation Name

1							
Principal Place of	of Business	Mailing Address				EL MARIE A MINE METER SANDA TIEN.	INITY IITI INNI
7720 SOUTHV MIAMI FL 331	VEST 54TH COURT. UNIT B 43	7720 SOUTHWEST 54 MIAMI FL 33143	ITH COURT.	JNIT B			
					3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Re	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	<u> </u>	polied For
1 7720 Su 544 (+ B 26 7726 Su 544			44 C4 B		65-05986	<del>/ /</del>	ot Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional equired
22 B		27 B City & State			6. Election Campaign Financing		May Be
City & State	C +		C1		Trust Fund Contribution		to Fees
23 Licus Zip	Country	Zip	Coun	try	8. This corporation has liability for		199.032,
24 3714	13 25 VSA	29 33143	30	<u> </u>	7101100 011111111	s No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Hegistered Agent	<del></del>
			ļ.	Name			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82 Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE CORAL GABLES FL 33134				83			
						05   7-	Code
			1	B4 City		FL 85 ZF	Code
	Signature, typed or printed name of registered ager		NOTE: Registered	Agent signature require	ad wher reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	RS IN 12
12.	,. <u></u>	ND DIRECTORS	1.11	n e	7,0017,010,012,010,00	Change	☐ Addition
TITLE	DPST YOUNG, NATHAN H		1.2 NA				
NAME STREET ADDRESS	THE COURT NATION CATHLOOLINE AMILED			REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		1.4 CI	Y-\$1-ZIP			
THILE	110 0711 1 0 0 0 1 1 0	☐ DELETE	2 1 1	TLE		☐ Change	☐ Addition
NAME			2.2 NA	ME			
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TITLE		Doccest	3.2 N/				_
NAME			1	IREET ADDRESS		* *	
STREET ADDRESS CITY-S1-ZIP				IY-SI-ZIP	<u></u>		
TITLE		DELETE	4.11	ITE		☐ Change	☐ Addition
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NAME			52 N	ţ			
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CITY-ST-ZIP			<b>E</b> 6 4 0	rtv_St.7iP			
701.5		☐ DELETE	611	ITY-ST-ZIP		☐ Change	Addition
TITLE NAME		☐ DELETE		ITLE		Change	Addition

6 3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OF PRINTED YAME OF SIGNING OFFICER OR DIRECTOR Various Jung Day

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 receiptr 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 attach neglection of the corporation and address.