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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000066798 (6)

THE FUN & FITNESS ACADEMY, INC.

Principal Place of Business

Mailing Address

## FILED Apr 10 1998 8:00am Secretary of State



1751 GROVE DR CLEARWATER FL 34619		1751 GROVE DR CLEARWATER FL 34619			DO NOT WRITE IN THI	C CDACE	
					3. Date Incorporated or Qualified 08/28/1995	3 3 7 A C E	
2. Principal Place of Business, 1 0 1 28. Mailing Address					4. FEI Number		pplied for
21 2451		6 2451 McMull	len Booth	Kd.	59-3335795	<del></del>	lot Applicable
Suite, Apt.	د		5. Certificate of Status Desired	•	Additional lequired		
City & State City & State				۸۸	6. Election Campaign Financing	\$5.00	May Be
23 Clearwater TC 28 Clearwater FC 33,				57	Trust Fund Contribution	Added	to Fees
24 3374		Z <sub>I</sub> p 30	Country S -		<ol> <li>This corporation towes or has paid the of Personal Property Tax due June 30.</li> </ol>	Yes [	itangible No
	9, Name and Address of Current Re	gistered Agent	81 Name		10. Name and Address of New Registere	a Agent	
	RTON, JACKIE	CKIE BARTON					
1751 GROVE DR				Addres	s (P.O. Box Number is/Not Acceptable)	1, 1	_
CLI	EARWATER FL 34619	Wood lake le	HNDE	-			
		•	83			,	Ì
			84 City	710	ils mar F	85 Zy	Code
11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 agreet the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE .	Signature, typed or printed name of ligistered agent and	title if applicable. (NOTE: Re	egistered Agent signature	beriuper	when reinstating) DATE	<del></del>	\ <sub>1</sub>
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE	P	KKIE BARTON,	Change	Addition
NAME	BARTON, JACKIE		1.2 NAME	777	11 WOODLAKE WYNG	ايرا ايرا	;
STREET ADDRESS	1751 GROVE DR		1.3 STREET ADDRESS	34	WOODLIKE SYN	~~	\i\
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CITY-ST-ZIP	<u>_c</u>	1015mar, FC 394	1/	
TITLE	D TOO	☐ DELET <b>e</b>	2.1 TITLE	Di	rector	Change	Addition C
NAME	RETHERFORD, TODD		2.2 NAME	TO	DD KATHEFORT	de	
STREET ADDRESS	1751 GROVE DR CLEARWATER FL 34619		2.3 STREET ADDRESS	34	DD RETHERFORD I WOOD TAKE WYNINGS FL 344	~~~~	į
CITY-S1-ZIP	CLEANWAIEN FL 34019	DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	$\cup$	105 mar FC 344	Change	Addition
TITLE		□ otten		1		LI Change	Addition
NAME OZOSEZ ARROGOO			3.2 NAME	Ī			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE	<del> </del>		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	\ 			\
CITY-ST-ZIP			5.4 CITY - ST - ZIP	L			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			İ
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	L			
14. I 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 of 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 area dachnesit with an address.							

DEGUEDENON4/2/04