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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandia B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000082833 (1)

Corporation Name
SUNBAY FITNESS INC.

Principal Place of Business

Mailing Address

3008 WEST NEW HAVEN AVENUE MELBOURNE FL 32904

3008 WEST NEW HAVEN AVENUE MELBOURNE FL 32904



						10/30/1995				
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number 59 - 334	-2649		Applied For Not Applicable		
Suite. Apt.					- 188	5. Certificate of Status Desir	ed 🔲		5 Additional Required	
City & State	)	Orty & State				Election Campaign Finance     Trust Fund Contribution	cing		0 May Be ed to Fees	
Zip <b>24</b>	Country         Zip           25         29		30	Country 30		8. This corporation has liabit Florida Statutes	ity for intangible ] Yes <b>[X</b> No	tax under s	199.032,	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of I	New Registere	d Agent		
				81 1	Name					
	NS, TONY L	82 Street Address (P.O. Box Number is Not Acceptable)								
	YEST NEW HAVEN AVENUE DURNE FL 32904	83								
	70.000									
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o. region,	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	aa, oosii chanda was alii	HORZEO DV 108 O	ve mar orpora	nea corporat ation's board	ion submits this statement for t of directors. Thereby accept th	hê purpose of c e appointment a	hanging its as registered	registered office Lagent. Lam	
·	Signature, typed or perded halve of registered agent		rholfe Bry Seron	Agricot es	grafatë të me ke Lse	Verbersdag	[JA]}			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	DRS IN 12	
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NAME	HOPKINS, TONY L			1.2 NAME						
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CITY-ST-ZIP TITLE				Y - S - Z	7 <sub>1</sub> 2					
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CITY-S1-ZiP TITLE	MELBOURNE FL 32904			Y - ST - 7	PIP					
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	codify that the information supplied	win this filmous voluntarity	furnished and d	(- <u>S1 Z</u>	of publishers	the exemption stated in Section	110 02/07/11 0			

certify that the information indicated on this annual report or supplemental annual report is true and accurate and find 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 in an artachnicht with an address.

**SIGNATURE:** 

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 407-676-4073