## 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 #
1. Corporation Name

P95000086685 (1)

SIMPLY FIT INC.

STREET ADDRESS

SIGNATURE:

**FILED** May 07 1998 8:00am Secretary of State

561 347 0911

Principal Plac	e of Business	Mailing Address			8 91181 IBIBI BIII <del>I</del> BBI
717 E. PALMETTO PARK ROAD 717 E. PALMETTO PARK ROAD			MAD		
BOCA RATON FL 33432  BOCA RATON FL 33432			inu		
U\$ U\$				DO NOT WRITE IN THIS SPACE	
[				Date Incorporated or Qualified	
				11/13/1995 :	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 64	S. Federal Hugy	26 64 S. Fe	) end Hwar	65-0624461	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22		27		3. Certificate of Gladus Desired	Fee Required
City & State	9 5 5	City & State	n FL	6. Election Campaign Financing	\$5.00 May Be
23 €500	y Raten FL	28 Doca Rabe	)	Trust Fund Contribution	Added to Fees
Zip	Country	7ip 20 (13)	Country	8. This corporation owes or has paid the current	t year Intangible
24 55	132 25 Palm Bach	29 35932 30	Paln Ben		
<u></u>				10. Name and Address of New Registered Age	ent
AGGANIS, WILLIAM 81 Name					
	IO NW 2ND AVE PH 30		Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432				Visit Barrier a Harrisophila	
1			83		
			84 City		Tip Code
			84 City	FL   <sup>8</sup>	IS 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					
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.					
	Levill : //		President	April 28	1990
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable (NOTE: F	President signature	required when reinstating)  And DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change
NAME	AGGANIS, WIILLIAM		1.2 NAME	William Agganis	
STREET ADDRESS	5340 NW 2ND AVE PH 30		1.3 STREET ADDRESS	William Agganis	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY - ST - ZIP	Regray Boh PL 3344	14
TITLE		DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME (			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		Spragad to the time of the	4. 2 NAME		
STREET ADDRESS		j	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY-ST-ZIP		Change Addition
1 '			5.1 TITLE		Onalige L. Audellott
NAME			52 NAME		
STREET ADDRESS	2		5.3 STREET ADDRESS		
CITY-ST-ZIP	- <del> </del>	——————————————————————————————————————	5.4 CITY-ST-ZIP		Observa Laurie
TITLE	[ <sup>G</sup>	☐ DELETE	6.1 TITLE	L	Change

6.2 NAME

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 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.

6.3 STREET ADDRESS