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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089032 (3)

PEAK FITNESS INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

| City & State Country Country Country Country Country 8. This corporation has liability for intangible tax under s. 199.032, | <u> </u> | | | | ###################################### | |
|---|--|---|---|--|---|--|
| ### BEACH FL 33139 #### BEACH FL 33139-8806 3. Date incorporated or Qualified 11/20/1995 2. Principal Piace of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 11/20/1995 4. FEI Number 65-0619146 Sulla, Apt. #, etc. Sulla, Apt | | Mailing Address | | 4 (48)(68) (39 (8)(8) (8)(1) (80)(1) (80)(1) | ESTEL TRISE CONT. BOISE CITE (SEL 1881. | |
| ### BEACH FL \$3139 #### BEACH FL \$3139-8806 3. Date Incorporated or Qualified 1/20/1995 4. FEI Number 65-0619146 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 1/1/20/1995 4. FEI Number 65-0619146 Sulte, Apt #, etc. 2. Sulte, Apt #, etc. 2. Sulte, Apt #, etc. 2. Thun House 3 3. Date Incorporated or Qualified 1/1/20/1995 4. FEI Number 65-0619146 Sulte, Apt #, etc. 2. Certificate of Status Dosired \$8.75 Additional Fee Required \$8.75 Additional Fee Requ | 83-8 VENETIAN WAY | | | 1 | | |
| 3. Date Incorporated or Qualified 11/20/1995 2. Principal Place of Business 2. Meiling Address 2. Meiling Address 2. Meiling Address 3. Date Incorporated or Qualified 11/20/1995 4. FEI Number 65-0619146 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. TOWN HOUSE 3 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 2. City & State 2. Country 2. Country 6. Election Campaign Financing Trust Fund Contribution 4. Added to Fees Added to Fees Added to Fees 2. Town House 5. Suite Apt. #, etc. 2. Town House 5. Country 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes 5. Florida Statutes 5. Florida Statutes 5. Florida Statutes 5. Stroet Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 12. Stroet Address (P.O. Box Number is Not Acceptable) 12. Summer 12. Stroet Address (P.O. Box Number is Not Acceptable) 12. Summer 12. Summer 13. Address (P.O. Box Number is Not Acceptable) 12. Summer 13. Address (P.O. Box Number is Not Acceptable) 12. Summer 13. Address (P.O. Box Number is Not Acceptable) 12. Summer 13. Address (P.O. Box Number is Not Acceptable) 12. Summer 13. Address (P.O. Box Number is Not Acceptable) 12. Address (P.O. Box Nu | #60 | | | | | |
| 2. Principal Place of Businoss 2. Mailing Address 2. Coll N. BAYS HOLE DL. 3. FEI Number 6. Cettificate of Status Desired 5. Cettificate of Status Desired 7. Town House 3 7. Town House 3 8. Cettificate of Status Desired 7. Election Campaign Financing 7. Town House 3 8. This corporation has liability for intangible tax under s. 199 032, 7. Florida Statutes 7. Florida Statutes 7. Florida Statutes 7. Florida Statutes 7. Size Address of Current Registered Agent 7. Country 8. This corporation has liability for intangible tax under s. 199 032, 7. Florida Statutes 7. Florida Statutes 7. Florida Statutes 7. Size Address of New Registered Agent 7. Size Address (P.O. Box Number is Not Acceptable) 7. Size Address (P.O. Box Number is Not Acceptable) 7. Size Address (P.O. Box Number is Not Acceptable) 7. Florida Statutes 7. Size Address (P.O. Box Number is Not Acceptable) 7. Size Address (P.O. Box Number is Not | MINIMI BEACH PE 83138 | MIAMI BEACH PL 33139-0000 | | a Data legernerated or Qualified | Date of Lost Report | |
| 2. Principal Piace of Business 2. Meiling Address 3. 12-53 | | | | | | |
| 21 12.5 3 WASHINGTON AVE. 26 GOIN N. BAYSHOLE DL. 65-0619146 Not Applicable Sulte, Apt. #, etc. 22 27 TOWN HOWS 3 5. Certificate of Status Dosired Status Dosired Fee Required City & State City & State City & State Election Campaign Financing S5.00 May Be Added to Fees Provide Status No. 21p Country S. 19 Coun | 2. Principal Place of Business | 2a. Mailing Address | | .1 | | |
| Sulte, Apt. #, etc. Sulte, Apt. #, etc. | 21 1253 WASHINGTON AVE. | 26 GOU N. BAY | SHORE DR. | 65-0619146 | } | |
| City & State Country Zip Zip Country Zip Zip Country Zip Zip Country Zip | Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | | S8.75 Additional | |
| City & State City & State City & State Country 28 M1 AM1 FL Country Country State Country State Country State Sta | 22 | 27 TOWNHOUSE | 3 | 5. Certificate of Status Desired | 4 | |
| Trust Fund Contribution | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip Country Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | 23 MIAM'I BEACH, FL | 28 MIAMI F | . | Trust Fund Contribution | | |
| Q, Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable) 17. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalus, New peniled agent and life V expilicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D MELANCON, MARK STREET ADDRESS % 33-B VENETIAN WAY #60 13. STREET ADDRESS MIAMI BEACH FL 33139 14 city-S1-Zip MIAMI BEACH FL 33139 | Zip Country | Zip | | | | |
| CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable) 12 S WASHTING TO NOTE 13 WASHTING TO NOTE 14 City M'AM' BEACH FL 85 Zip Code 33 13 9 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 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, apid accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Signature, the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and line if applicable (NOTE Registered Apont s greature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. PURSUANT AND MARK 12. NAME MELANCON, MARK 12. NAME MELANCON, MARK 13. STREET ADDRESS WASHT NG TON NOTE COME MARK MELANCON MARK MELANCON MARK MELANCON MARK MELANCON TOWN HOWSE 3 14. DITTY-ST-ZIP MIAMI BEACH FL 33139 | | | USA | | | |
| 4521 PQA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable) 12 52 WASHING TON ANS 83 ZIP Code 53 13 9 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 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 607.0506, Florida Statutes. SIGNATURE Signature, Operator prefet registered agent and lefe if emplicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D MELANCON, MARK STREET ADDRESS W 33-B VENETIAN WAY #60 13. STREET ADDRESS GITY-ST-ZIP MIAMI BEACH FL 33139 14. DITY-ST-ZIP MIAMI BEACH FL 33139 | | | | | | |
| SUITE 211 PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable) 12.5 2 WASHING TO NOS 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 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D MELANCON, MARK STREET ADDRESS GITY-ST-ZIP MIAMI BEACH FL 33139 14 CITY-ST-ZIP MIAMI BEACH FL 33139 | | | | A SACTI AND DATE | | |
| SUITE 211 PALM BEACH GARDENS FL 33418 84 City Mi Ami BEACH FL 85 Zip Code 53139 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 agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D MELANCON, MARK STREET ADDRESS W 33-B VENETIAN WAY #60 I13. STREET ADDRESS GITY-ST-ZIP MIAMI BEACH FL 33139 14 City NAME ARK MELANCON MARK MELANCON Town House 3 13 STREET ADDRESS GITY-ST-ZIP MIAMI BEACH FL 33139 | SUITE 211 | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| PALM BEACH GARDENS FL 33418 84 City Mi Ami BEACH 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 agent, are familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, Need or provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, Need or provided name Englistered agent and life Ferplicable (NOTE Registered Aponts greature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITRUE NUME MELANCON, MARK 1.2 NAME 1.2 NAME MARK MELANCON TOWN HOWE 3 1.3 STREET ADDRESS GITY-ST-ZIP MIAMI BEACH FL 33139 1.4 City-St-Zip MIAMI BEACH FL 33139 | | | | | | |
| 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, apd accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Special or printed name Englistered agent and title if applicable (NOTE Registered Agent a grature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D MELANCON, MARK 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 14 CITY-ST-ZIP MIAMI BEACH FL 33139 | | | 83 | | | |
| 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, apd accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Special or printed name Registered agent and tele if applicable (NOTE Registered Agent & grature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D MELANCON, MARK 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 1.4 CITY-ST-ZIP MIAMI BEACH FL 33139 | 1 . | | 04 04 | | Inc. Tim 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, apd accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Specific or printed name Trajectoria agent and life if applicable (NOT Registered Agent & grature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D MELANCON, MARK STREET ADDRESS S 33-B VENETIAN WAY #60 13. STREET ADDRESS 14. CITY-ST-ZIP MIAMI BEACH FL 33139 14. CITY-ST-ZIP MIAMI BEACH FL 33139 | | | 11 | BEACH | | |
| agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, Tybed or printed name Crygistered agent and life if explicable (NOTE Registered Agent is gnature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME MELANCON, MARK STREET ADDRESS 6TIY-ST-ZIP MIAMI BEACH FL 33139 14 0tfy-St-Zip MIAMI BEACH FL 33139 | 11. Pursuant to the provisions of Sections 607.0502 | 2 and 607 1508, Florida Statutes, 1 | he above-named corpo | pration submits this statement for the pr | urpose of changing its registered | |
| SIGNATURE Signature Signa | office or registered agent, or both, in the State agent, I em familier with, and accept the obliga | of Florida, Such change was authorities of, Section 607,0505, Florida | orized by the corporation Statutes. | on's board of directors. I hereby accep | It the appointment as registered | |
| Signature of provided in the Complete of applicable NOTE Registered Apont's gnature required when reinstating) OATE | 1 11 / 11 / 1 | | | | 4/15/07 | |
| 12. OFFICERS AND DIRECTORS IN 12. TITLE D MELANCON, MARK STREET ADDRESS | Signature, typed or printed name a registered ager | nt and title if applicable (NOTE Rog | gistered Agent's gnature require | d when reinstaling) | DATE | |
| NAME MELANCON, MARK STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 | | | | | | |
| STREET ADDRESS % 33-B VENETIAN WAY #60 CITY-ST-ZIP MIAMI BEACH FL 33139 1.3 STREET ADDRESS GOLI N. BAY SHOWE DR. TOWN HOWSE 3 1.4 CHY-S1-ZIP MIAMI, FL 33137 | 1 | DELETE | | | Change | |
| CITY-ST-ZIP MIAMI BEACH FL 33139 14 CITY-ST-ZIP MIAMI, FL 33137 | | | 1.2 NAME MA | ARK MELANCON | M | |
| | | l | 1.3 STREET ADDRESS 6 | II N. BAY SHOWE DE | C SWOHINGOT P | |
| TITLE DELETE 2.1 TITLE Change Addition | CITY-ST-ZIP MIAMI BEACH FL 33139 | | 1.4 CiTY-ST-ZIP | 1 AM1 FL 33137 | | |
| · · · · · · · · · · · · · · · · · · · | TITLE | ☐ DELETE | | | Change Addition | |

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-S1-ZIP

4.4 C(1Y - S1 - Z(P

3.4. CITY- \$1-ZIP

2.4 CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE

5.1 TO LE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELE16

DELETE

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.

Change

Change

Change

☐ Change

Addition

Addition

☐ Addition

■ Addition

FILED

Apr 21 1997 8:00am

Secretary of State