

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000005599 (1)**

1. Corporation Name
HOLLYWOOD FITNESS PRO, INC.

Principal Place of Business

%DAVID J MARUSZAK
6846 PALMETTO CIR S #1110
BOCA RATON FL 33433

Mailing Address

%DAVID J MARUSZAK
6846 PALMETTO CIR S #1110
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0644505

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 **23054 POST GARDENS WAY**
Suite, Apt. #, etc.

22 **SUITE 405**

City & State

23 **BOCA RATON, FL**

Zip

24 **33433**

Country

25 **USA**

2a. Mailing Address

26 **23054 POST GARDENS WAY**
Suite, Apt. #, etc.

27 **SUITE 405**

City & State

28 **BOCA RATON, FL**

Zip

29 **33433**

Country

30 **USA**

9. Name and Address of Current Registered Agent

MARUSZAK, DAVID J
6846 PALMETTO CIR S #1110
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **MARUSZAK, DAVID J.**
82 Street Address (P.O. Box Number is Not Acceptable)
23054 POST GARDENS WAY
83 **SUITE 405**
84 City **BOCA RATON** **FL** 85 Zip Code **33433**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MARUSZAK, DAVID J**
STREET ADDRESS **6846 PALMETTO CIR S #1110**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **MARUSZAK, DAVID J.**
1.3 STREET ADDRESS **23054 POST GARDENS WAY : S. #405**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

David J. Maruszak

3/10/98

(561) 477 3808

CP2E034 (10/97)