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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006810 (1)

1. Corporation Name
F.I.T.S., INC.

Principal Place of Business
1525 SOUTH ANDREWS AVE.
SUITE 216
FT. LAUDERDALE FL 33316

Mailing Address
1525 SOUTH ANDREWS AVE.
SUITE 216
FT. LAUDERDALE FL 33316-2548



2. Principal Place of Business

2a. Mailing Address

21 1203 So. Robin Road
Suite, Apt. #, etc.

26 P.O. Box 13051
Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, FL
Zip Country
24 33707 25

28 St. Petersburg, FL
Zip Country
29 33733 30

3. Date Incorporated or Qualified
01/22/1996

3a. Date of Last Report

4. FEI Number

65-0448757

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

Stephen D. Thomas, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

1229 Central Avenue

83 St. Petersburg, FL 33705

84 City

St. Petersburg

FL

85 Zip Code
33705

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

April 10, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BATRYN, MARTIN S
STREET ADDRESS % 29 NORTH WASHINGTON ST.
CITY- ST- ZIP WESTMONT IL 60559

TITLE D ☐ DELETE
NAME PAUL, ANTHONY
STREET ADDRESS % 29 NORTH WASHINGTON ST.
CITY- ST- ZIP WESTMONT IL 60559

TITLE D ☐ DELETE
NAME PAUL, VINCENT
STREET ADDRESS % 29 NORTH WASHINGTON ST.
CITY- ST- ZIP WESTMONT IL 60559

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN S. BATRYN 4-4-97 813-381-9161

Date Daytime Phone #

CR2E034 (9/96)