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 # P96000011616 (5)

HAWTHORNE FITNESS CENTER, INC.

FILED Mar 02 1998 8:00am Secretary of State



			•		
Principal Place	e of Business	Mailing Address		3 (00)(00) (18 (0)) 8 (1) 00() 00() 00() 00()	i ildas sigin esies sinks divis inds
1311 NW 6TH HAWTHORNE		1311 NW 6TH AVE- HAWTHORNE FL 32610		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				02/02/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1/2 Suspa V	Palmer	59-3361507	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 PO Boyo 1	565	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 HAWKharn	<u>س ۲۲ م</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	2932640-1565	w นร	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curre	ent Registered Agent	B1 Name	10. Name and Address of New Register	ed Agent
	MER, ANDREW J		I I I I Valife	Susan V Palmer	
	1 NW 6TH AVE			fress (P.O. Box Number is Not Acceptable)	
HAWTHORNE FL 32640			B3		
•			P3		
			B4 City		85 Zip Code
بهم.					-L -
l office or re	anistered about or both in the Stat	e of Florida. Such change was all	ithatized by the corpora	poration submits this statement for the purposation's board of directors. I hereby accept the	appointment as registered
agent. Lar	n familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.		_
SIGNATURE	Dusa SV	(Yalm EL		9-2	26-98
	Signators, typed or printed name of registered a	<u> </u>	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
12.	D OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONA/CHANGES TO OFFICENS	Change Addition
TITLE	PALMER, ANDREW J	LA DECETE	1.2 NAME		S. S
NAME	1311 NW 6TH AVE		l l		
STREET ADDRESS	HAWTHORNE FL 32640		1.3 STREET ADDRESS		
CITY-ST-ZIP	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	PALMER, SUSAN V				
NAME	1311 NW 6TH AVE		2.2 NAME		
STREET ADDRESS	HAWTHORNE FL 32640		2.3 STREET ADDRESS		[
CITY-ST-ZIP	MATTHOMINE PE 32040	DELETE	2. 4 CIFY-ST-ZIP 3.1 TITLE		Change Addition
TITLE			3.2 NAME		
NAME					ſ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		LIncore	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE.	5.1 TITLE		Change C Wood(In)
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		I	5.4 City-St-ZIP		Change Laddy
TITLE		DELETE	6.1 TITLE	700002445 -03/03/9801054-	Change Addition
NAME			6.2 NAME	-03/03/9801054	-027 de 1
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	73.2
CITY-ST-ZIP			6.4 CITY-ST-ZIP		<i>U</i> -

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.