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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600028108

1. Corporation	FITNESS ENTERPRISES, IN	0028108 C.				
Principal Pla	ce of Business	Mailing Address		T THE LINES IN A COLOR OF INFORMATIC BRING		1 EBIOL (01) (00)
4400 PGA BLVD STE 700 PALM BEACH GARDENS FL 33410 4400 PGA BLVD STE 700 PALM BEACH GARDENS FL			·L 33410	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2 Principal I	Place of Business	2a. Mailing Address	•	04/01/1996	·	
21	rides of Business	2a. Washing Address		4. FEI Number		plied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		65-0659324	\$8.75 A	ot Applicable
22		27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State	· • · · ·	6. Election Campaign Financing	\$5.00	·
23				Trust Fund Contribution Added to Fe		
Zip	Country Zip		Country	Country 8. This corporation owes the current year Intangible		
24	[25]	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Nam	10. Name and Address of New Registered	d Agent	
BOY	YER, JOHN W		oi Naii	u		
4400 PGA BLVD STE 700			82 Stree	et Address (P.O. Box Number is Not Acceptable)		
PALM BEACH GARDENS FL 33410			83	· (23. 是中央主要基础)		46.00
			84 City		85 Zip C	Zink Markin Code
11."Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statute	es, the above-name	d corporation submits this statement for the purpose of	of changing its	registered
office or agent. I a	ann tarmillar with, and accept the obliga	alions of, Section 607.0505, Flor	nda Statutes.	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appointment of the purpose of poration's board of directors. I hereby accept the appointment of the purpose o	of changing its pintment as rec	registered gistered
SIGNATURE	All halture, typed or photod name of registered age OFFICERS AN	Int and little if applicable. (NOTE:	nda Statutes.	1/12/9	9	
SIGNATURE 12.	OFFICERS AN	ent and title if applicable. (NOTE:	Registered Agent signatur	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS A	9	
SIGNATURE 12. TITLE NAME	OFFICERS AND DPT BOYER, JOHN W	Int and little if applicable. (NOTE:	Registered Agent signatul	a required when reinstating) 1/12/9 DATE	9 IND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND DPT BOYER, JOHN W 4 GRAEMOOR TERRACE	Int and little if applicable. (NOTE:	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS A	9 IND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPT BOYER, JOHN W 4 GRAEMOOR TERRACE	Int and little if applicable. (NOTE:	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS A	9 IND DIRECTO	RS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP

OR AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 501-622-1974

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90014 005 ***150.00

CR2E034 (11/98)