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FROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029018 (4)

SIESTA KEY FITNESS CENTER, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2514 DARWIN AVENUE 5241 AVENIOR P.O. BOX 8919 35246 SARASOTA FL 34200 NAVARRA SARASOTA FL 34 DO NOT WRITE IN THIS SPACE 34242 3. Date Incorporated or Qualified 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0654161 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HESTER, GORDON -7650-S-TAMIAMI TRAIL-Imber is Not Acceptable) Street Address (P.O. Box 82 -015 #10 83 SARASOTA FL 3429+ Sarasota 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Stattutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 familia with, and accept the obligation of Socion 607,0505, Florida Statutes. /Hs her burden O. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE TITLE 1.1 TITLE Change Addition ROBERTI, JEFF NAME 1.2 NAME 2514 DARWIN AVENUE 3233 N. Secusion STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HESTER, GORDON NAME 2.2 NAME 2514 DARWIN AVENUE 32 33 N. SECLUSION STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL 34239** CITY-ST-ZIP 2. 4 CITY - ST - ZiP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address.

ANAZUDE: 15 in changed, or of parametriment with an abovess

(941)925-4948