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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Suite, Apt. #, etc.



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052204 (0)

REAL MCCOY FITNESS INC.

FORT LAUDERDALE FL 33312

Principal Place of Business Mailing Address 3061 SW 47TH ST 3061 SW 47TH ST FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1996 2. Principal Place of Business 4. FEI Number Applied For Ft. LAUDENDALE 3061 SW 47th 65-0695630 Not Applicable Suite, Apt. #, etc

Fee Required 6. Election Campaign Financing \$5.00 May Be Ft. Lauder dale 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible

BrOWAND 29 Personal Property Tax due June 30. **⊠** No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCOY, MICHAEL W 3061 SW 47TH ST Street Address (P.O. Box Number is Not Acceptable)

84 City Zip Code 85

83

11. Pursuant to the provisions of Sections 607.05.02 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition MCCOY, MICHAEL W NAME 1.2 NAME 3061 SW 47TH ST. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition MCCOY, KI NAME 2.2 NAME 3061 SW 47TH ST. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE. 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

**SIGNATURE:** 

**FILED** 

May 08 1998 8:00am

Secretary of State

6. Certificate of Status Desired

\$8.75 Additional