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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067712 (5)

KAREN'S AEROBICS, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Piace of	Ruginge	Mailing A	Hdress								
Principal Place of Business Mailing Address 1855 S. PATRICK DRIVE 1855 S. PATRICK DR				VE							
INDIAN HARBOUR BEACH FL 32837 INDIAN HARBOUR BEACH F					L 32937-4377						
							3	Date Incorporated or Qualified 08/12/1996	3a. [Date of Last R	eport
2. Principal Place	of Business	2a. Mailing	Address	,			4	FEI Number	!	Ar	oplied For
21		26	A-1- # -4-					5434A44J7			ot Applicable
Suite Apt. #, e	ote.	27				5	. Certificate of Status Desired		\$8.75 A		
City & State		City & 28	State				6	i. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζ(p)	Country 25	Zip 29		30 Co	untry	, , , , , , , , , , , , , , , , , , ,	В	. This corporation has liability for Florida Statutes		le tax under s.	. 199.032,
	9. Name and Address of Co		gent				10), Name and Address of New F			
	AN, KAREN J				B1	Name					
1395 HA UNIT 20				B2	Street A	ddress (P.O. Box Number is Not Accept	able)			
	ITE BEACH FL 32937				83	 					
					84	City				85 Zip	Code
		1000			Ļ.,	_			<u>FI</u>	┕╽╽┈	
I office or reals	ne provisions of Sections 607 stered agent, or both, in the l amiliar with, and accept the c	State of Florida, Suc	h change was	s authoriz	ed b	v the corpo	oration's	on submits this statement for the board of directors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE.	sature by run or printed framit of register	ed annut and litle if anothra	ola (N	OTE: Register	red Ag	ent signature re	equired why	en reinstation)	DATE		·
12.		S AND DIRECTORS		13				ADDITIONS/CHANGES TO OFF		ID DIRECTOR	IS IN 12
TITLE D			DELETE	11	TITLE					Change	☐ Addition
	OREMAN, KAREN J			- 1	NAME	- [
	395 HIGHWAY A1A, #202 ATELLITE BEACH FL 329					T ADDRESS					
THE STATE	WIETTIE DEVOLLE 250	31	DELETE		CITY - S TITLE	ST-ZIP				Change	Addition
NAME					NAME						
STREET ADDRESS				2.3	STREE	T ADDRESS			, i	:	
C:TY - \$1 : 7/P				2. 4	CITY-	ST-ZIP					
THILE			L_I DELETE	1	TITLE	-				Change	☐ Addition
NAME					NAME		•				
STREET ACORESS				1		T ADDRESS ST- ZIP					
THE			DELETE		TITLE	31-21				Change	Addition
NAME				4. 2	NAME						
STREET ADDRESS				4.3	STREE"	T ADDRESS	1				
CITY - ST. ZIF					CITY-	ST-ZIP				- 112	
101.6			DELETE		TITLE			·		Change	Addition
NAME OFFICE ACCOUNTS					NAME			1			
STREET ADDRESS				1		T ADDRESS					
THILE			DELETE		TITLE	ST - ZIP				Change	Addition
NAME				1	NAME	.					
STREET ADDRESS						T ADDRESS					
CITY-ST ZIP				1		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

SIGNATURE:

0104951