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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P96000069662 (0)

FITNESS OPTIONS, INC.

FILED May 12 1997 8:00am Secretary of State



| Principal Place of Business | Mail | ing Address | , | | | X 848 848 888 888 | I BIHH WAI ING |
|--|--|---|--|--|--|--------------------------------|-----------------------------|
| 125 BUFORD AVE 125 BUFORD AVE | | | | | | | |
| ORANGE CITY FL 32763 | NGE CITY FL 32763-1810 | | | | | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of La | st Report | |
| | | | | | 08/19/1996 | 1 | |
| 2. Principal Place of Business | 2a. M | Mailing Address | | | 4. FEI Number | | Applied For |
| 11 1185 SPRING CENTER SO | | SAME | AS (| LACE OF IS IN ESS | 59-3400126 | | Not Applicable |
| Suite, Apt. #, etc. | j | Suite, Apt. #, etc. | Be | is in ess | 5. Certificate of Status Desired | | 5 Additional |
| 2 Some 1060 City & State | 27 | City & State | | | | | e Required |
| ALTAMONTE SPRINGS | | ony or orace | | | 6. Election Campaign Financing Trust Fund Contribution | | 00 May Be ded to Fees |
| Ziρ Country | | Zip | Country | | 8. This corporation has liability for | | |
| 4 32714 25 SEMING | PLE 29 | 3 | 30 | | Florida Statutes | Yes No | |
| 9. Name and Address of (| Current Registe | red Agent | | | 10. Name and Address of New Re | glatered Agent | |
| CATERINY, LAURIE J | | | 81 | Name | | | |
| 125 BUFORD AVE | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptat | ole) | ******* |
| ORANGE CITY FL 32763 | | | 83 | , | | | |
| | | | [50 | | | | |
| | | | 84 | Çity | | FL 85 | Zip Code |
| Pursuant to the previsions of Acctions 6 office or registerer failer) of both, in the agent. I am lamilist with and accept the | e State of Florida e obligations of | Such change was au Section 607.0505, Flori | ithorized by ida Statute | the corpora | ation's board of directors. I hereby accept | ot the appointmen | t as registered |
| SIGNATURE Signature, typical Printed Time of regist | VICE PR | ES. MIKE | | | rired when reinstating) | 4-28-97 | ···· |
| | RS AND DIRECT | | 13. | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIREC | TORS IN 12 |
| THLE D | | DELETE | 1.1 TITLE | | | Cha | nge Addition |
| | | | | | | | |
| NAME CATERINY, LAURIE J | | | 1.2 NAME | | | ~ . 1 | |
| STREET ADDRESS 125 BUFORD AVE | | | | | 185 SPRING CENTER | | |
| STREET ADDRESS DIFFORD AVE ORANGE CITY FL 32763 | | | 1.3 STREET | | 185 SPRING CENTER LTAMONE SPRINGS F | 2,32714 | |
| STREET AODRESS CITY-ST-74P DRANGE CITY FL 32763 D THE | <u> </u> | DELETE | 1.3 STREET 1.4 CITY - S 2.1 TITLE | | | | nge Addition |
| STREET ADDRESS DITY-ST-74* DRANGE CITY FL 32763 DRAME CATERINY, MIKE J |) | ☐ DELETE | 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME | T-ZIP A | LTA MONE SPRINGS F | C, 327/4 Marcha | - |
| STREET ADDRESS 125 BUFORD AVE ORANGE CITY FL 32763 D NAME CATERINY, MIKE J STREET ADDRESS 125 BUFORD AVE | | ☐ DELETE | 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET | T-ZIP A | LTA MONE SPRINGS F | C, 327/4 Marcha | - |
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| STREET ADDRESS DITY-SI-74* DRANGE CITY FL 32763 DITLE D NAME CATERINY, MIKE J SIRFET ADDRESS 125 BUFORD AVE | | | 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - | T-ZIP A | LTA MONE SPRINGS F | 2, 32714 South R. 327 | 14 |
| STREET ADDRESS CITY-SI-74° DRANGE CITY FL 32763 DILE NAME CATERINY, MIKE J CATERINY, MIKE J 125 BUFORD AVE ORANGE CITY FL 32763 TOLE | | | 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE | ADDRESS II | LTA MONE SPRINGS F | 2, 32714 South R. 327 | 14 |
| STREET ADDRESS CHY-ST-74° NAME NAME CHY-ST-74P CATERINY, MIKE J 125 BUFORD AVE ORANGE CITY FL 32763 TITLE NAME NAME CATERINY, MIKE J 125 BUFORD AVE ORANGE CITY FL 32763 | | ☐ DELETE | 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME | ADDRESS III | LTA MONE SPRINGS F | C, 327/4 South A, 347 | r¢ 19e □ Addition |
| STREET ADDRESS DITY-ST-74* NAME NAME STREET ADDRESS TILE NAME CATERINY, MIKE J 125 BUFORD AVE ORANGE CITY FL 32763 TILE NAME STREET ADDRESS TILE NAME STREET ADDRESS | | | 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY- 4.1 TITLE | ADDRESS III | LTA MONE SPRINGS F | 2, 32714 South R. 327 | r¢ 19e □ Addition |
| STREET ADDRESS CITY-ST-74P NAME STREET ADDRESS CITY-ST-72P ORANGE CITY FL 32763 D CATERINY, MIKE J 125 BUFORD AVE ORANGE CITY FL 32763 TITLE NAME STREET ADDRESS CITY-ST-74P TITLE NAME NAME | | ☐ DELETE | 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - 3 1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - 4.1 TITLE 4.2 NAME | ADDRESS III ST-ZIP A ADDRESS ST-ZIP | LTA MONE SPRINGS F | C, 327/4 South A, 347 | r¢ 19e □ Addition |
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Information inclinated 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 12 or Block 12 or on an attachment with an address.