

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mogham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 13 1997 8:00am  
Secretary of State

DOCUMENT # P96000072838 (1)

1. Corporation Name

THE NATIONAL ALLIANCE OF FITNESS PROFESSIONALS I  
NC.

Principal Place of Business

8247 QUEEN ANNA DR.  
TALLAHASSEE FL 32311

Mailing Address

8247 QUEEN ANNA DR.  
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 575 John Knox Rd

2a. Mailing Address

22 Suite, Apt. #, etc.

23 G

City & State

24 TALLAHASSEE

Zip

25 32303

Country

26 USA

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30

Country

4. FEI Number

59-33 98999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIEPMEIER, SHARON T  
8247 QUEEN ANNA DR.  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PIEPMEIER, SHARON T  
STREET ADDRESS  
8247 QUEEN ANNA DR.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME  
VP BLAKE  
PIEPMEIER, DOUG  
STREET ADDRESS  
8247 QUEEN ANNA DR.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

7/15/97 422-1932

CP2E034 (4/97)