

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90064 023 ***150.00

DOCUMENT # **P96000078130**

1. Corporation Name
KEY FITNESS INC.

Principal Place of Business
**8108 UNIVERSITY DRIVE
TAMARAC FL 33321**

Mailing Address
**HARBOUR SQUARE, SUITE 302
4134 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number
65-0708733

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

3741 N.E. 163rd ST #260

City & State

NORTH MIAMI BEACH FL

Zip

33160

Country

USA

Suite, Apt. #, etc.

3741 NE 163rd ST #260

City & State

NORTH MIAMI BEACH FL

Zip

33160

Country

USA

9. Name and Address of Current Registered Agent

**LEWIS, JAMES
VISA SERVICES, HARBOUR SQ., SUITE 302
4134 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

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 ☐ DELETE

TITLE **D**
NAME **LEWIS, JAMES**
STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 302**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ DELETE

NAME **LEWIS, CAROLYN**
STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 302**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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 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, with all other like empowered.

SIGNATURE:

JAMES LEWIS (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99
Date

305-787-8127
Daytime Phone #

CR2E034 (11/98)