

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 28, 1999 8:00 am  
Secretary of State  
07-28-1999 90018 050 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000084905

1. Corporation Name  
PARK AVENUE FITNESS, INC.

Principal Place of Business  
214 PARK AVE. S  
WINTER PARK FL 32789  
US

Mailing Address  
249 ROBIN ROAD  
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	214 Park Ave S.
22	City & State	27	City & State
23	Zip	28	Winter Park FL
24	Country	29	32789
25		30	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/10/1996

4. FEI Number 59-3406498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

COSENTINO, CHRISTOPHER  
249 ROBIN ROAD  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, CHISTOPHER	1.2 NAME	
STREET ADDRESS	249 ROBIN ROAD	1.3 STREET ADDRESS	672 Graywood Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	ALTAMONTE SPR. FL 32701
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARMAN, WALKER	2.2 NAME	
STREET ADDRESS	9008 LAKE CHARITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 7.21.99 (407) 645-4404

CR2E034 (5/99)

P9600084905  
597808-90018-50

Greetings:

I would like to apologize for sending my filling fee out so late. I hope to provide you with a good excuse for my tardiness.

My accountant wrote down my previous home address, by fault of my own I failed to catch or correct this mistake. The address provided should have been my business address.  
Providence

24 Park Ave. S.

Winter Park FL 32789

The kind gesture of the new home owner allowed me to receive the notice. The only problem is that I received the second notice, and not the initial notice.

I called (855) 488-9000, Monday July 26<sup>th</sup> at 9:30 A.M and spoke with Cynthia. She informed to send a check for \$150.00 and explain the above scenario.

If there is any problem with this, please feel free to contact me at (407) 645-4454.

Thank you so much

Cynthia