

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

PROFIT
CORPORATION
ANNUAL REPORT

19978



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000085739 (6)

WORKOUT PARTNERS PERSONAL TRAINING, INC.

Legal Place of Business

Mailing Address

417 SUNLAKE CIRCLE
LAKE MARY FL 32746

417 SUNLAKE CIRCLE
LAKE MARY FL 32746-6155

Legal Place of Business

3855 LAKE EMMA RD

2a. Mailing Address

3855 LAKE EMMA RD

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

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SEMINOLE

9. Name and Address of Current Registered Agent

ROMAIN, PIERRE
417 SUNLAKE CIRCLE
LAKE MARY FL 32746

3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

4. FEIN Number

59-3403510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

☐

Yes

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No

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

Pursuant to the provisions of Sections 607.3602 and 607.1404, 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. Thereby accept the approval of this registered agent. I am familiar with and I accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer of Corporation (Not to be signed by Agent or Officer who is not a resident of Florida)

OFFICERS AND DIRECTORS

PRESIDENT
GLORIA IRIZARRY
417 SUNLAKE CIRCLE
LAKE MARY, FL 32746

CHAIRMAN, CEO
PIERRE ROMAIN
20 LAWRENCE STREET
NYACK, NY 10960

ADDRESS

ADDRESS

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ADDRESS

ADDRESS

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

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