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FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086942 (5)

1. Corporation Name

ALL AROUND FITNESS CORP.

Principal Place of Business

9830 SW 112TH ST.
MIAMI FL 33176

Mailing Address

9830 SW 112TH ST.
MIAMI FL 33176-2887

3. Date Incorporated or Qualified

10/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 15770 SW 90th Terrace

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33196

Country

25 Dade

2a. Mailing Address

26 15770 SW 90th Terrace

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33196

Country

30 Dade

4. FEI Number

65-0703749

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FARMER, CLAY
9830 SW 112TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

FARMER, Clay

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

83

City

84 Miami

FL

85 Zip Code

33196

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 of the person who is registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------|----------------|-----------------|---------------------------------|
| | DPST | | | |
| | FARMER, CLAY | | | |
| | 9830 SW 112TH ST. | | | |
| | MIAMI FL 33176 | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------------------|---------------------------------|-----------------------------------|
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

43-42-97

305-514-3649

0240447

CR2E034 (9/96)