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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600091236 (5)
PRIVATE WORKOUT, INC.

PRIVATE WORKOUT, INC

FILED
Apr 08 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address				1.60 state teleba stille Ellit (26)
88005 OVERSEAS HWY			88005 OVERSEAS HIGHWAY			
16 ISLAMORADA FL 33036		16 ISLAMORADA FL 33036		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
					11/04/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
		26	<u> </u>		65-0703203	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ''		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the cu		
24	25	29 3	0			Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
	ITO-FITZDAM, MARTHA		81	Name		
13		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
TAVERNIER FL 33070			83			
			L.			
			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	. YMakana. Wala - Af	dsdam			4/2/9	8
	Signature typed or printed name of registered ager			ent signature requ	uired when reinstating) DATE	D DIDEOTODO 111 40
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	ROTH, JOSEPH I	1.2 M				C oreside C Addition
STREET ADDRESS	178 PLANTATION AVE		1.3 STREET	Anness		
CITY-ST-ZIP	TAMEDANEO EL		1.4 CITY- S	1		
TITLE			2.1 TITLE	/		Change Addition
NAME	BAIZ, LINDA		2.2 NAME			_ • -
STREET ADDRESS	87961 OLD HIGHWAY		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP		
TITLE	• •		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	TAVERNIER FL		3.4. CITY-	ST-ZIP		
TITLE	DT CHADON	DELETE	4.1 TITLE			Change Addition
NAME	SLAVIK, SHARON 87000 OVERSEAS HWY		4. 2 NAME			
STREET ADDRESS	ISLAMORADA FL		4.3 STREET			
CITY-ST-ZIP TITLE	IOD WINDING I L	☐ DELETE	4.4 CITY-5	IT-ZIP		Change Addition
NAME		□ beitte	5.1 TITLE 5.2 NAME			Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	Annocce		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		☐ DELETE	6.1 TITLE	11-51F		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY- S			1

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: YOUTHU (titto - Ath dam Innortho Otto-Fitzdam 4/2/98 (305) 852-1532