## 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 #

P96000092231 (5)

ALWAYS FIT, INC.

Principal Place of Business

Mailing Address

FILED Mar 02 1998 8:00am Secretary of State



Alasta

3221 NORTHWEST 10TH TERRACE SUITE 502 FORT LAUDERDALE FL 33309		3221 NORTHWEST 10TH TERRACE SUITE 502 FORT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  11/07/1006			
2 Principal F	Place of Business	2a. Mailing Address			11/07/1996 4. FBI Number		
21	FACE OF ELGSWIDSS	26			65-0722230		Applied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>CQ 75</b>	Additional	
22 City & State		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
<b>23</b> Zip	Country	Zip Country		Trust Fund Contribution Added to Fees			
24	25	<b>├</b> ┐ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	9. Name and Address of Current		10		Personal Property Tax due June 30.  10. Name and Address of New Registe		□ No
CC	DRPORATION SERVICE COMPANY	<del></del>	81	Name (2)		rou Agont	
l		PRIANK BOGGS					
	01 Hays Street Llahassee FL 32301-2525		82  Street Addre		dress (P.O. Box Number is Not Acceptable)		
<u>`</u> `		83		46 N.W. 50th STREET			
			84	City Coc	format Greak	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 bereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE BRIAN & Bosos Blanck Statutes.							
	Signature, lyped or printed name of registered agent			ni signature require	ed when reinstyking) DA	TE /	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	MAGEE, VINCENT	□ beceie	1.1 TITLE 1.2 NAME	P	0	<b>'</b> Change	☐ Addition
NAME	ASSA MODELEWICAT ACTUST CORRECT OFF TAR			(4)	MGEE, VINGUIT		[3
STREET ADDRESS	FORT LAUDERDALE FL 33309	MOE, SIE SUZ	1.3 STREET A	ADDRESS 5	AGEE, VINGUE 576B LAKEUGED CIRCLE	•	[i
CITY-ST-ZIP TITLE	FORT EAGDERDALE PE 33309	☐ DELETE	1.4 CITY-ST	-ZIP	MARGATE FL 32063	☐ Change	<del></del> }
NAME		OLUTE	2.1 TITLE	حد ا		∟ Change	Addition C
			22 NAME	opposed Ot	AGEE GINA		
STREET ADDRESS			2.3 STAEET A	I -			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST 3.1 TITLE	-ZIP TU	Agat 11. 33063	☐ Change	Addition
NAME		C DECENE	3.2 NAME			C Creatige	☐ Addition
STREET ADDRESS				DDDCCC			
			3.3 STREET A				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST 4.1 TITLE	- ZfP		Change	☐ Addition
NAME		- Decemb	4.2 NAME			CT CHOINGS	- KOOIIOII
STREET ADDRESS			4.2 NAME 4.3 STREET A	DDBESS			
CITY-ST-ZIP			4.4 CITY-ST-	·			
TITLE		☐ DELETE	5.1 TITLE	- Fit		Change	Addition
NAME			5.2 NAME			0go	
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-				1
TITLE		DELETE	6.1 TITLE	- 611		Change	Addition
NAME			6.2 NAME			ondinge	
STREET ADDRESS			6.3 STREET A	nngree			
CITY-ST-ZIP			64 CITY-ST-				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exemption	on stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	r 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.							