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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 21 1997 8:00am

Secretary of State

(96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000102804 (7)**

T 2 FITNESS, INC.

City 57 Zil

Mailing Address Principal Prace of Business 7355 NW 54TH COURT 7355 NW 54TH COURT FORT LAUDERDALE FL 33319-6352 FORT LAUDERDALE FL 33319 3a. Date of Last Report 3. Date Incorporated or Qualified 12/18/1996 2a. Mailing Address Applied For 2. Principal Prace of Business -0 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intendible tax under s. 199 032, Florida Statutes Yes \(\begin{array}{c} Country Country Žιο 29 30 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name KIMLER, LEWIS E 499 NW 70TH AVE. STE 108 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 83 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 of or registered agent, or both in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE in an electromass of registers of a perman little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE PO THEF KUSENER, STEPHEN P 1.2 NAME NAVE 7355 NW 54TH COURT 1.3 STREET ADDRESS STREET ACCORDS FORT LAUDERDALE FL 33319 1.4 CITY-ST-ZIP OFF-S1 ZB Change Addition DELETE 21 TITLE 11016 22 NAME NaME 2.3 STREET ADDRESS STREET LADOREST 2 4 CITY-ST-ZIP OLY-SEZI Change Addition DELFTE 31 TITLE -THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CDM SL 76 Change \_\_\_ Addition DELETE 4.1 TITLE 101,1 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHY SE 76 Change Addition DELETE 5.1 TITLE Tili; -5.2 NAME 639 5.3 STREET ADDRESS STREET ADECES 5.4 CITY - ST - ZIP Clr-SLZE Addition DELETE 61 TITLE 3141900002120989 -03/21/97--01109--032 6.2 NAME NAME 6 3 STREET ADDRESS \*\*\*165.00

64 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(3Xi), Florida Statutes. I further certify that the information and cated on it is 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