

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

PROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT #
1. Corporation Name

P97000001543

PRIME TIME FITNESS, INC.

Principal Place of Business

Mailing Address

25000 US 19 N
CLEARWATER, FL 33763~~25000 US 19 N~~
~~CLEARWATER, FL 33763~~
1703 W. Watrous Ave.
Tampa FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/7/97

4. FEI Number

59-3450050

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Valerie Powell-Stafford
1703 W. Watrous Ave.
Tampa, FL 33606

01. Name

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

03.

04. City

FL

05. 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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POWELL-STAFFORD, VALERIE

STREET ADDRESS 1703 W WATROUS AVE

CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01. TITLE ☐ Change ☐ Addition

02. NAME

03. STREET ADDRESS

04. CITY-ST-ZIP

05. TITLE ☐ Change ☐ Addition

06. NAME

07. STREET ADDRESS

08. CITY-ST-ZIP

09. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE ☐ Change ☐ Addition

SIGNATURE:

Valerie Powell-Stafford

4/30/98 (813) 258-3179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone # 0079884

FILED
Jun 03 1998 8:00am
Secretary of State