FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90146 008 ***150.00

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

Mailing Address

PROFIT . CORPORATION -ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000016067

FERRARI FITNESS SYSTEMS, INC.

507 MAIN STRE WINDERMERE F US		507 main street Windermere FL 34786 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/17/1997	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3446728 Aug (Muly Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired 5. Certifcate of Status Desired Fee Required	
City & State)	City & State			6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip			untry	!	8. This corporation owes the current year Intangible	
24	24 25 29 30				Personal Property Tax.	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
FERRARI, STACEY R			82	82 Street Address (P.O. Box Number is Not Acceptable)		
507 MAIN STREET						
WINDERMERE FL 34786			83			
			84	City	FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		-	ii şigilatdi e te	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OTTOERO AL		TITLE		∑ Change	
NAME	ECDDADI CTACEV D		NAME		FERRARI, STACEY R.	
STREET ADDRESS	7100 STATE ROUTE 535	13	STREE	TADDRESS	507 MAIN STREET	
	WINDERMERE FL 34786		CITY-S		WINDERMERE FL 34786	
CITY-ST-ZIP	WINDERMENE PE 34700	***	TITLE	11-24	Change Addition	
NAME	•	22	NAME		•	
STREET ADDRESS		2.3	STREE	TADDRESS		
CITY-ST-ZIP		- 2.4	CITY-	ST-ZIP		
TITLE		☐ DELETE 3.1	TITLE		☐ Change ☐ Addition	
NAME		3.2	NAME			
STREET ADDRESS		3.3	STREE	T ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP 3.4		3.4. CITY-ST-ZIP			
		4.1 TITLE		☐ Change ☐ Addition		
NAME	1	4.2	NAME	1		
STREET ADORESS		4.3	STREE	T ADDRESS		
CITY-ST-ZIP		4.4	CITY-S	ST-ZIP		
TITLE		☐ DELETE 5.1	TITLE		Change Addition	
NAME		5.2	NAME			

CITY-ST-ZIP 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition