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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034801**1. Corporation Name

XTREME FITNESS OF ROYAL PALM, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90058 016 ***150.00



Principal Place	of Business		Mailing Address					1 (00)					
7445 PRESCOTT LN 7445 PRESCOTT LN								1					
LAKE WORTH FL 33467 LAKE WORTH FL 33467								DO NOT WRITE IN THIS SPACE					
								3. Date Incor	porated or Qualife	d ·			
								04/17/19	997				
2. Principal Place of Business								4. FEI Numb				Applied F	or
21 1169 Royal Palm Beach Blod 26								65-0744	492	Not Applicable			icable
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certifcate	of Status Desired		\$8.75 Additional Fee Required		
City & State City & State								6 Election C	ampaign Financing	l	\$5.0	0 May B	
23 Royal Palm Beach, FC 28								Trust Fund	Contribution	L)	Adde	d to Fee:	
Zip Country Zip 24 334// 25 /65A 29 30									ration owes the cu	rrent year in	tangible Yes	□No	
24 33	7// 25	WA	29	30					Property Tax.	Dogiotorod			
	9. Name and Add	ress of Current F	Registered Agent	_	81	Nic	me	10. Name and	Address of New	Kegistered	Agent		\dashv
WOO	LARD, JAMES J				"	Ne	itte						
7445 PRESCOTT LN						Stı	eet Addre	ess (P.O. Box Nu	ımber is Not Accep	table)			.]
LAKE WORTH FL 33467													
					84	Cit	у		-	FL	85 Z	ip Code	
11. Pursuant t	to the provisions of S	ections 607.0502 a	and 607.1508, Florida Statu	tes, the a	bove	-nar	ned corpo	oration submits th	nis statement for th	e purpose of	changing	its registere	ered
office or re agent. I ar	egistered agent, or bo m familiar with, and a	th, in the State of scept the obligation	Florida. Such change was ns of, Section 607.0505, Fl	autnonzet orida Stati	ites.	ine d	corporatio	ns board of direc	ctors. Thereby acc	eprine appo	ишнен аз	Tegistere	
SIGNATURE				= 6				Lutan minutation		DATE			- 1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.							ature required		S/CHANGES TO C		ND DIREC	TORS IN	1 12
TITLE	D	OFFICENS AND	□ DELETE	1.1 11	ne			ADDITION	3,0,1,1,1,0,0,0,1,0,0		☐ Chang		Addition
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STREET ADDRESS							-33						
CITY-ST-ZIP			this filing doos not bustiful		ηγ-Sī		1 -1 - 0	440.0745	() Flatila Distant	16 46	-416 - 45 - 4 H		

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 dicated on this annual report or Supplemental annual report is trief 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 employered 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.

SIGNATURE: