

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000045286**

1. Corporation Name

**XS FITNESS CENTER, INC.**

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90002 044 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131		701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131		05/21/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	
22. City & State		27. City & State		65-0761503	
23. Zip		28. Zip		5. Certificate of Status Desired	
24. Country		29. Country		30. Applied For	
				Not Applicable	
				8. This corporation owes the current year Intangible Personal Property.	
				Yes No	

9. Name and Address of Current Registered Agent

**SMITH, HARRY B**  
**701 BRICKELL AVENUE SUITE 1900**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	UTNER, DIETER	1.2 NAME	Pierre Lopper
STREET ADDRESS	81 WASHINGTON AVENUE	1.3 STREET ADDRESS	81 Washington Avenue
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	MIAMI FL 33139
TITLE	VST	2.1 TITLE	
NAME	MAGEDLER, ROBERT	2.2 NAME	
STREET ADDRESS	81 WASHINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

**SIGNATURE REQUIRED**

8/25/99

532-7989

Date

Daytime Phone #

CR2E034 (5/99)