## 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** 

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90008 028 \*\*\*150.00

## DOCUMENT # P97000048925

ROBERTS HEALTH & FITNESS, INCORPORATED

Principal Place of Business
527 PARK BOULEVARD
PINELLAS PARK FL 33781

Mailing Address

6527 PARK BOLLEVARD



	ELLAS PARK FL 33781 PINELLAS PARK FL 33781						
	شاه و الموات				DO NOT WRITE IN	THIS SPACE	
		3. <del></del> - •		•	3. Date Incorporated or Qualifed	-, -	
					06/02/1997		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21	·	26	·		59-3269867		t Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	· .
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
		,		81 Name			1
	RTS, GEORGE A		١.	DO Compt Add	france (D.O. Day Number in Not Acceptable)		
6527 P	Park Boulevard	-	•	B2 Street Add	fress (P.O. Box Number is Not Acceptable)	-	
PINELL	AS PARK FL 33781		7	83			
	p - 1				<u> </u>	······································	
	,		1	B4 City	•	FL 85 Zip C	code
11 Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-named con	poration submits this statement for the purpo-	se of changing its	registered
office or reg	istered agent, or both, in the State	of Florida. Such change was at	thorized-l	by the corporat	tion's board of directors. I hereby accept the	appointment as rea	gistered = · -
agent. i am	ramiliar with, and accept the obligat	nons of, Section 607.0303, Pior	iua Statut	es.	-21/	21/00	ŧ
SIGNATURE	gnature, typed or printed payle of registered age	t and title if applicable (NOTE:	Recistered A	oent signature requir	red when reinstating) , DA	26/99	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
	) .	☐ DELETE	1.1 TITE	E P		NA Change	☐ Addition
	ROBERTS, GEORGE A	•	1.2 NAM	e R	OBERTS GEORGE H.	1	J
	5527 PARK BOULEVARD			EET ADDRESS	527 PARK BOULEVAN	₹ <b>d</b>	
	PINELLAS PARK FL 33781			COT TID	OBERTS GEORGE A. 527 PARK BOULEVAN MINEULAS PARK, FL	12781	
<u> </u>	PINELLAS PARK PL 33/61	· DELETE	2.1 TTL	r-ST-ZIP	mecito PARX, PC 3	☐ Change	Addition
TITLE .		- Deceie	1				ا
NAME	• .		2.2 NAM				ſ
STREET ADDRESS				EET ADDRESS	-		
CITY-ST-ZIP			_	Y-ST-ZIP		C Channe	
TITLE		☐ DELETE	3.1 TITL	E		☐ Change	Addition
NAME			3.2 NAM	1E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TTL	E		Change	☐ Addition
NAME			.4.2 NA	WE			
STREET ADDRESS			4.3 STR	EET ADDRESS		•	
CITY-ST-ZIP	•		4.4 CITY	/-ST-ZIP_			
TITLE		- □ DELETE	5.1 TTL			Change	☐ Addition
NAME			5.2 NAM	ле <u>.</u>			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNAT

TITLE

NAME

STREET ADDRESS