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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90012 024 ***150.00

HEALTH SPORTS, INCORPORATED						1 (40)(56) (40)(14) (50)(4		121 00 arre n er n	11 8 18 11 18 8 1 1 8 8 1
						-			
Principal Plac	e of Rusiness	Mailing Address				-	BANK BORRA ODRAA OOROA A		
900 ADAMS ST		900 ADAMS ST				i			
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019									
							WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua	lifed	:	}
		10 10 11				06/16/1997 4. FEI Number			hand Far
 7	Place of Business	2a. Mailing Address				65-0761367			Applied For Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.				00 070 1007	···		Additional
	#, etc.	27				5. Certificate of Status Desir	ed 🗌	v - · · ·	Required
22 City & Stat	te	City & State	-			6. Election Campaign Finan	cina —	\$5.00	May Be
23		28				Trust Fund Contribution	g 🗆		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the	current year Into	angible	
24	25	29	30			Personal Property Tax.	<u> </u>	Yes	12 No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of N	lew Registered	Agent	
001	III 1 IANC I ITA				me				1
SCHILLING, EVA				82 St	reet Addre	ess (P.O. Box Number is Not Ac	ceptable)	2 6 1	
5531 SW 44TH AVENUE FORT LAUDERDALE FL 33314						900	ADHIN	771	
FUR	II LAUDERDALE FL 33314			83					1
	•			84 Ci	ty 1	TOTINMOOD	FL	85 <u>Zig</u>	3019
44 Diversant	to the provisions of Sections 607.050	2 and 607 1509. Florida Statute	se the at	10)(e-pa	T med corno	10			
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the	corporation	n's board of directors. I hereby	accept the appoi	ntment as	registered
SIGNATURE		AUSTE AUSTE	Davistand	Annut sies		when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	Agent sign	atura requireo	ADDITIONS/CHANGES TO		D DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TIT	LE				Change	
NAME	SCHILLING, EVA		1.2 NA	ME ,		_			1
STREET ADDRESS	SCOA CHE ANTENNET		1.3 ST	REET ADDI	RESS	2MACA 00P	ST.		_
CITY-ST-ZIP	FORT LAUDERDALE FL 33314		1.4 CII	Y-ST-ZIP	(TOLLY WOOD	キレニ	3 <u>30</u> 1	19
TITLE		☐ DELETE	2.1 TIT	LE				Change	■ Addition
NAME			2.2 NA	ME					
STREET ADDRESS	.]		2.3 ST	REET ADD	RESS				}
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP				,	
TITLE		☐ DELETE	3.1 TIT	LE		-		☐ Change	Addition
NAME			3.2 NA	ME	1			- •	Į.
STREET ADDRESS			33 ST	REET ADDI	RESS				
CITY-ST-ZIP			3.4. CI	IY-ST-ZIP					
TITLE		☐ DELETE	4.1 TIT	LE				Change	e 🔲 Addition
NAME			4. 2 N	ME					
STREET ADDRESS	:		4.3 ST	REET ADO	RESS				ì
CITY-ST-ZIP				Y-ST-ZIP				· Channel	- Maddition
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NAME			5.2 NA		200				
STREET ADDRESS				REET ADD	Æ22				ļ
CITY-ST-ZIP		☐ DELETE	5.4 CIT	Y-ST-ZIP	_			Change	e 🔲 Addition
TITLE			6.2 NA					Unange	
NAME			1	MIS REET ADD	2500				
STREET ADDRESS									
CITY-ST-ZIP]			Y-ST-ZIP	1233			•	ļ

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 of trustals 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 activity, with all other like empowered.

SIGNATURE:

920-1001