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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	O'S GYM OF TAMARAC, IN	J0061347 (5) C.			
Principal Plac	pe of Business	Mailing Address			E BIORI MOOR HUU DIRM 1881 1881
12082 NW 29TH STREET 12082 NW 29TH STRE CORAL SPRINGS FL 33065 CORAL SPRINGS FL		Г			
		CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3 31 AOL
				07/15/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0767048	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registere	a Agent
DEGEORGE, ANTHONY L					
	12082 NW 29TH STREET CORAL SPRINGS FL 33065		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
1	F COURT		83		
	•		84 City		85 Zip Code
				F	<b>L</b>
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am lamiliar with, and according to be obliged.	e of Florida. Such change was at	uthorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed while of registered as	COLUMN TO THE PROPERTY OF THE PARTY OF THE P	Registered Agent signature require	ad what reinstating).	- ) · · · · · · · · · · · · · · · · · ·
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PRESIDENT	DELETE	11 TITLE		Change Addition
NAME	MAN FRESHUN	<i>(</i>	1.2 NAME		
STREET ADDRESS	TOHN FREEHLING 1216 EAGLE CAY	PL	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONVI GENE,	P/ 33013	1.4 CiTY - ST - ZiP		
TITLE	VICE-PRESIDENT	L DELETE	2.1 TITLE		Change Addition
NAME	13080 NW DOMS	· <del>·</del>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	aural Springs 4	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	44 CHY-ST-ZIP		Change Addition
TITLE			5.1 THILE 5.2 NAME		C Durange C Multion
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, it of an attainment with an address

Apr 29 1998 8:00am

Secretary of State