## 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 # P9700066983

IFFIT FITZ, INC.

Principal Place of Business

P. O. BOX 49092 JACKSONVILLE FL 32240 Mailing Address

P. O. BOX 49092

JACKSONVILLE FL 32240

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90152 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

|                 |  |   |   | 08/04/1997   |                |                |
|-----------------|--|---|---|--|----------------|----------------|
| 2. Principal Pl | ace of Business  | 2a. Mailing Address   | · · · · · · · · · · · · · · · · · · ·   | 4. FEI Number                                      | 1              | Applied For    |
|                 | of Acc. North  | 26  |   | 59-3461184   | N              | Not Applicable |
| Suite, Apt.     | #, etc.  | Suite, Apt. #, etc.   |   | S. O. diference Status Desired Flagge              |                | Additional     |
|                 | ، چا <u>سندن</u> د د. که مستند س <u>دینی</u>   | 27  |   | = 5.: Certifcate of Status Desired == □ ====       | Fee F          | Required       |
| City & State    | 9  | City & State  |   | 6. Election Campaign Financing                     | \$5.00         | May Be         |
| 3 Lark          | raville Beach II   | 28  |   | Trust Fund Contribution                            |                | d to Fees      |
| Zib             | Country  | Zip   | Country                                 | 8. This corporation owes the current year le       | ntangible      |                |
| コンファム           | 50 25 1/SA   | 29 3  | <u>.</u>                                | Personal Property Tax.                             | ☐ Yes          | □No            |
| 100,            | 9. Name and Address of Current   |   |   | 10. Name and Address of New Registered             | d Agent        |                |
|                 |  |   | 81 Name                                 |  |                |                |
| MILL            | er, John M 💚 🔥 🕰   | v ADDNÆSS:  |   |  |                |                |
| 405             | B-SOLANA ROAD  |   | 82 Street Add                           | ress (P.O. Box Number is Not Acceptable)           |                |                |
| PAN             | E-VEDRA BEACH-FE-32082   | N ADDRESS:  | 83                                      |  |                |                |
| ·               | 33 C   | ひしゃた ぞろう  | <b>33</b>   <sup>∞</sup>                |  |                |                |
| ر               | 77 4 1137 24   |   | 84_City                                 |  | 85 Zip         | Code           |
| 4               | acksonville D  | each, ILS   | 2250                                    | <u> </u>   | <b>-</b> :     |                |
| 11. Pursuant    | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes                                    | , the above-named com                   | poration submits this statement for the purpose of | of changing i  | ts registered  |
| office or re    | egistered agent, or both, in the State o<br>m familiar with, and accept the obligati   | า คเอกตล. Such change was aut<br>ons of, Section 607.0505. Florid | nonzed by the corporati<br>la Statutes. | on's board of directors. I hereby accept the app   | on aniona as i | . cg.storou    |
|                 | The factor of th |   |   |  |                |                |
| SIGNATURE       | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: R                                 | tegistered Agent signature require      |  |                |                |
| 12.             | OFFICERS AND   |   | 13.                                     | ADDITIONS/CHANGES TO OFFICERS A                    | AND DIRECT     | FORS IN 12     |
| TITLE           | D  | ☐ DELETE  | 1.1 TITLE                               |  | Change         | e              |
| NAME            | FITZGERALD, MICHAEL  |   | 1.2 NAME                                |  |                |                |
| STREET ADDRESS  | 110 6TH AVENUE NORTH   |   | 1.3 STREET ADDRESS                      |  |                |                |
| Į.              | JACKSONVILLE BEACH FL 322  | 50  | 1.4 CITY-ST-ZIP                         |  |                |                |
| CITY-ST-ZIP     | JACKSONVIELE BEACHTE SEE   | DELETE  | 2.1 MT\E                                | · · ·  | ☐ Change       | e Addition     |
| TITLE           |  |   |   |  |                |                |
| NAME            |  |   | 2.2 NAME                                |  |                |                |
| STREET ADDRESS  |  |   | 2.3 STREET ADDRESS                      | ومنتقد لتمايتن ومرزان الأمامة بالأرابية الأنجاميين |                | ے محصوصو       |
| CITY-ST-ZIP     |  |   | 2. 4 CITY-ST-ZIP                        |  | ☐ Change       | e Addition     |
| TITLE           |  | ☐ DELETE  | 3,1 TITLE                               |  |                | e 🔲 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         | e              |
| NAME            |  |   | 4. 2 NAME                               |  |                |                |
| STREET ADDRESS  |  |   | 4.3 STREET ADDRESS                      |  |                |                |
| CITY-ST-ZIP     |  |   | 4.4 CITY-ST-ZIP                         |  |                |                |
| TITLE           |  | ☐ DELETE  | 5.1 TITLE                               |  | ☐ Chang        | e              |
| NAME.           |  |   | 5.2 NAME                                |  |                |                |
| STREET ADDRESS  |  |   | 5.3 STREET ADDRESS                      |  |                |                |
|                 |  |   | 5.4 CITY-ST-ZIP                         |  |                |                |
| CITY-ST-ZIP     |  | ☐ DELETE  | 6.1 TITLE                               |  | ☐ Change       | e              |
| πιε             |  | C DECEIE  | 6.2 NAME                                |  |                |                |
| NAME            |  |   |   |  |                |                |
| STREET ADDRESS  |  |   | 6.3 STREET ADDRESS                      |  |                |                |
| CITY-ST-ZIP     |  | · · · · · · · · · · · · · · · · · · ·                             | 6.4 CITY-ST-ZIP                         |  | - 116 AL -4 11 | . :-\$         |
| 44 Ibarabus     |  | a this filing door not qualify for t                              | ha avamation stated in t                | Section 119 07(3)(i) Florida Statutes, I further o | entry that the | e intormation  |

Indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Florida from the 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)