

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 # P97000072774

1. Corporation Name
BEYOND YOUR LIMITS, INC.

Principal Place of Business

118 S WESTSHORE BLVD
#267
TAMPA FL 33609

Mailing Address

118 S WESTSHORE BLVD
#267
TAMPA FL 33609

2. Principal Place of Business

21 4532 W. Kennedy Blvd

Suite, Apt. #, etc.
#267

23 TAMPA/FL

24 33609 25 USA

2a. Mailing Address

26 4532 W. Kennedy Blvd

Suite, Apt. #, etc.
#267

28 TAMPA/FL

29 33609 30 USA

9. Name and Address of Current Registered Agent

CRUM, JAMES VIVIAN III
118 S WESTSHORE BLVD
#267
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

59-3465109

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CRUM, JAMES VIVIAN III

82 Street Address (P.O. Box Number is Not Acceptable)

4532 W Kennedy Blvd #267

83

84

City

TAMPA

FL

85 Zip Code

33609

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

TITLE PVST ☐ DELETE

NAME CRUM, JAMES V III

STREET ADDRESS 118 S WESTSHORE BLVD #267

CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME CRUM, JAMES V III

STREET ADDRESS 118 S WESTSHORE BLVD #267

CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PVST

CRUM, JAMES V. III

4532 W. Kennedy Blvd #267

TAMPA/FL 33609

D

CRUM, JAMES V. III

4532 W Kennedy Blvd #267

TAMPA, FL 33609

☒ Change

☐ Addition

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☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-1999 813-251-6145

CR2E034 (11/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

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