

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90150 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072793

1. Corporation Name

FLORIDA FITNESS CENTER INC.

Principal Place of Business

1441 RANGOON COVE
GULF BREEZE FL 32576-2A
US

Mailing Address

1441 RANGOON COVE
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

59-3496800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

2. Principal Place of Business

21 8059 NAVARRE PKY.
Suite, Apt. #, etc.

2a. Mailing Address

26 8059 NAVARRE PKY.
Suite, Apt. #, etc.

City & State

23 NAVARRE, FL
Zip Country

City & State

28 NAVARRE, FL
Zip Country

24 32566

25 USA

29 32566

30 USA

9. Name and Address of Current Registered Agent

GUESS, ANTHONY W
1416 NAUTILUS DR.
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name

GUESS, Anthony W

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

6903 SEA TURTLE CIR. Apt. E

83

NAVARRE FL

84 City

FL

85 Zip Code

32566

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

PT
NAME
GUESS, ANTHONY
STREET ADDRESS
1441 RANGOON COVE
CITY-STATE-ZIP
GULF BREEZE FL 32566

☐ DELETE

TITLE

VS
NAME
GUESS, JILLIAN
STREET ADDRESS
1441 RANGOON COVE
CITY-STATE-ZIP
GULF BREEZE FL 32561

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 registered agent 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 #

4/23/99 (850) 936-4770

CR2E034 (11/98)