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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076254 (6)

WORLD GYM OF PEMBROKE PINES, INC.

## FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10004 PINES BLVD 10004 PINES BLVD PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65019 8B5 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo MOISEYEV, ALEXANDER 10004 PINES BLVD R2 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.05.02 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. Da-98 ET GIE GO VOR BY BY SON EXPE ed harve of registered abent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TOTALE 1.1 TITLE MOISEYEV, ALEXANDER NAME 1.2 NAME 10004 PINES BLVD STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE CERBELLI, NATHAN NAME 2.2 NAME 1515 E BROWARD BLVD. #121 STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DLLETE Change Addition TITLE 6.1 TIME NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 occiver 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 by (a) an attachment with an address.