**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000077785

1. Corporation Name

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90056 005 \*\*\*150.00

	FUR FITNESS, INC.										
Principal Place	of Business	Mailing Address					186) ((# 181)) (88)) 88)))			HOLD BITH HOD)	
			- 40I								
3015 NORTH OCEAN BLVD. #9J FORT LAUDERDALE FL 33308  3015 NORTH OCEAN BLVD. #9J FORT LAUDERDALE FL 33308											
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						09/05/1			1 1 1 2	<del></del>	ļ.
2. Principal Place of Business		2a. Mailing Address				4. FEI Num			<u> </u>	plied For	-
21		26				65-077	<u> 8658</u>		\$8.75	t Applicable	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		Fee Re		
22 City & Start	<u> </u>	City & State				A Flories	Parraias Financia		\$5.00	<del> </del>	1
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24	25	29	30	···· <b>,</b>			Property Tax.	urrent year in	Yes	□No	
	9. Name and Address of Current		150	Τ		<del></del>	nd Address of Nev	v Registered	Agent		1
	S. Italia dia ya da isang barang bara			81	Name						]
EDW	ARDS, JOANN C							-A-bl-)			1
3015	NORTH OCEAN BLVD. #9J	82 5			Street A	Address (P.O. Box N	umber is Not Acce	ptable)			
FOR	T LAUDERDALE FL 33308			83			•••				1
								u.,			┨
				84	City			FL	85 Zip	Code	
l office or s	to the provisions of Sections 607.050; egistered agent, or both, in the State of in Paniliar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	authorize orida Stal	d by t	tne corpoi	ration's board of dir	this statement for the ectors. I hereby acc	the purpose of the appointment $3/23$	changing its intment as re 3 [99]	registered gistered	
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	1 Agent	signature rec	quired when reinstating)	S/CHANGES TO (	DEFICERS A	ND DIRECTO	RS IN 12	1 3
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CITY-ST-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 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!