05-06-1999 90246 010 ***150.00

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 # **P97000083369**

1. Corporation Name

R&R FITNESS, INC.

Principal Place of Business Mailing Address									21··· 02··· 03·0·	10.00 11100 11114	
2461-7 MCMULLEN BOOTH ROAD 2461-7 MCMULLEN BOOTH F CLEARWATER FL 34619 CLEARWATER FL 34619					H ROAD						
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifer 09/25/1997	i		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ap	pplied For
26				_			59-3470187		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State City & State								6. Election Campaign Financing		\$5.00	May Be
23 28								Trust Fund Contribution		Added t	
Zip		Country		Zip Country				8. This corporation owes the cu	rent year In	tangible	
24	25			29 30				Personal Property Tax.	•	☐Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			Agent		
							Name	w Compos			
CAMPOS, RAY						82 Street Address (P.O. Box Number is Not Acceptable)					
2461-7 MCMULLEN BOOTH ROAD						605 Dante See					
CLEA	ARWATER I	-L 34619				83					ļ
						84	City		_	85 Zip (Code
							⁻ ₹ 2 \$.		Fl	_ 33	صار ت
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1	508, Florida Statu	tes, the a	bove	-named corpo	ration submits this statement for the board of directors. I hereby according	e purpose o	f changing its	registered
office or re	egistered ag m familiar wi	ent, or both, in the Stat th, and accept the obli	te of Florida. S gations of, Se	such change was a ction 607.0505, Fk	autnorized orida Stat	utes.	tne corporation	is board of directors. Thereby acc	spr me appo		gistered
SIGNATURE								_	4.30°	77	ļ
SIGNATURE	Signature, typed	of printed name of registered a	gent and title if app	licable. (NOT	E: Registered	Agen	t signature required		DATE		
12.		OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	D			☐ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	TSCHANZ	•			1.2 N/	ME					1
STREET ADDRESS							ADDRESS				i
CITY-ST-ZIP	ST. PETE	rsburg beach fl	33706		1.4 CI	TY-S1	r- ZIP		_		
TITLE	D			☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	CAMPOS,	RAY			22 N	ME					ſ
STREET ADDRESS	I .			2351			ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606			2.40			T-ZIP				
TITLE]			☐ DELETE	3.1 TI	ΠE	Ì			Change	☐ Addition
NAME					3.2 N	ME					
STREET ADDRESS					3.3 S	REET	ADDRESS				ļ
CITY-ST-ZIP					3.4. C	ITY-S	T-ZIP				
TITLE				☐ DELETE	4.1 TT	πE				Change	☐ Addition
NAME					4.2N	AME	l l				}
STREET ADDRESS					4.3 5	REET	ADDRESS				
CITY-ST-ZIP						TY-SI	r- ZIP		_		
TITLE				DELETE	5.1 TI					Change	Addition
NAME					5.2 N/						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP	٠,.	· · · · · · · · · · · · · · · · · · ·		<u>.</u>		TY-S1	Γ-ZIP				
TITLE	ž.	•		☐ DELETE	6.1 ∏					Change	☐ Addition
NAME	",				6.2 N	ME					
STREET ADDRESS		• _	,		6.3 ST	REET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP