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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90021 023 ***150.00

DOCUMENT # P97000085624

1. Corporation Name

	x Health & Fitness, in									
Principal Place	e of Business	Ma	iling Address				- I NOBITORI NIU IDIRI IDDA 	i Băliil Băfil Adlii Adi	DE LIBERT MILITA MILITA I	1861 BIBI 1881
4520 SR 64 EAST										
BRADENTON FL 34208 BRADENTON FL 34208							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or C	ualifed		
							10/02/1997			
2. Principal P	lace of Business	2a.	Mailing Address			•	4. FEI Number		App	olied For
21	<u> </u>	26		• •		. <u>-</u>	65-0784927			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗀	\$8.75 A	I
22		27							Fee Re	
City & State	e	-	City & State				6. Election Campaign Fin	-	\$5.00 Added to	
23	Country	28	Zip	Cou	ntn/		Trust Fund Contributio			0 1663
Zip	25	29	Σιβ	30	.,,		8. This corporation owes Personal Property Tax	-	∏ Yes ∹	₩
24	9. Name and Address of Curr		tered Agent	130			10. Name and Address o			
***					81 Na	me				
SLIW	/A, RANDAL				82 Str	oot Addro	ss (P.O. Box Number is Not	Accentable)		
	SR 64 EAST				oz Su	eet voore	SS (F.O. DOX NUMBER IS NOT	Acceptable		
BRAI	DENTON FL 34208				83					
					84 Cit	v		<u></u> _	. 85 Zip C	Code
	•					-		<u>F</u>	┖╵╵	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florid	a. Such change was a	uthorized	by the c	ned corpo corporation	ration submits this statemen n's board of directors. I herel	y accept the app	or changing its ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE	: Registered	Agent signa	beniupen erut	when reinstating)	DATE		 [
12.	OFFICERS A			13.				TO OFFICERS	AND DIDECTO	
TITLE	P						ADDITIONS/CHANGES	TO OFFICEING /	AND DIRECTO	
NAME	SLIWA, RANDALL		☐ DELETE	1.1 TI	T.E.		ADDITIONS/CHANGES	·	Change	RS IN 12
STREET ADDRESS			☐ DELETE	1.1 TI 1.2 N/			ADDITIONS/CHANGES	·		
SIRCE! ALVIRESS			☐ DELETE	1.2 N		ESS	ADDITIONS/CHANGES	·		
CITY-ST-ZIP	4520 SR 64 E BRADENTON FL 34208			1.2 N/ 1.3 ST	ME	ESS	ADDITIONS/CHANGES	·	☐ Change	Addition Addition
			☐ DELETE	1.2 N/ 1.3 ST	ME Reet Addr TY- <u>\$</u> T-ZIP	ESS	ADDITIONS/CHANGES	·		
CITY-ST-ZIP				1.2 N/ 1.3 SI 1.4 CI 2.1 Π 2.2 N/	ME REET ADDR T <u>Y-\$T-ZIP</u> ILE ME		ADDITIONS/CHANGES	TO OFFICERS	☐ Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34208		DELETE DELETE	1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 . C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT 6.2 NV	ME REET ADDR IY-ST-ZIP ILE ME REET ADDR ITY-ST-ZIP ILE ME REET ADDR ITY-ST-ZIP ILE AME REET ADDR ITY-ST-ZIP ILE REET ADDR IY-ST-ZIP ILE ME REET ADDR IY-ST-ZIP ILE ME REET ADDR IY-ST-ZIP ILE	HESS HESS HESS	ADDITIONS/CHANGES		Change Change Change	Addition Addition Addition Addition

6.4 CITY-ST-ZIP 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: