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

**PROFIT CORPORATION** ANNUAL REPORT

625 CT. ST.

**CLEARWATER FL 32756** 

STREET ADDRESS

CITY-ST-ZIP



Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000088538 (8)

REHAB	AND FITNESS TECHNOL	OGIES, INC.				
Principal Place of Business Mailing Address						: 1818) 1816) Biion 1918) Ipii 1861
34653 US HWY. 19 N. 34653 US HWY. 19 N. PALM BEACH FL 34684 PALM BEACH FL 34684					DO NOT WRITE IN TH	HIS SPACE
<b> </b> 					3. Date Incorporated or Qualified 10/14/1997	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apl. #, etc		26; Suite, Apt. #, etc.			59-3482912	Not Applicable \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State City & State				<del></del>	6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution Added to Fees		Added to Fees
Zip	• Country Zip		Country 30		8. This corporation owes or has paid the	
24 25 29 29 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30.  10. Name and Address of New Register	_ ∐ Yes
MA	RQUARDT, EMIL C JR.		81	Name		
625 COURT ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33756			02	Stiedt Add	iless (F.O. Box Normber is Not Acceptable)	
			83			
			84	City		85 Zip Code
, <u>-</u>				<u></u>		▝▙▕▕
SIGNATURE	Signature, typed or printed name of registered a	goot and title if applicable (NO	TE. Registered Ag		poration submits this statement for the purposition's board of directors. I hereby accept the	E
12.		NO DIRECTORS  DELETE	13.	····	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
TITLE NAME	OP Corris, robert		1.1 TITLE 1.2 NAME			C Cusufe C voorion
STREET ADDRESS	625 CT. ST.			r address		
CITY-ST-ZIP	CLEARWATER FL 33756		1.4 City-	ì		
TITLE	DV	DELETE	2.1 TiTLE			Change Addition
NAME	HUGHES, ALLEN		2.2 NAME			
STREET ADDRESS	625 CT. ST.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 32758	December	2 4 CITY-	ST-ZiP	· · · · · · · · · · · · · · · · · · ·	
TITLE	DV Mirabello, steven c	☐ DELET <b>E</b>	3.1 TITLE 3.2 NAME			☐ Change ☐ Addition
NAME Street Address	625 CT. ST.		3.3 STREET ADDRESS			
CITY+ST-ZIP	CLEARWATER FL 32756		3.4. CITY-ST-ZIP			
THLE	DV	DELETE	4.1 TITLE	ÿ, EH		Change Addition
NAME	MOSS, STEVEN		4. 2 NAME			
STREET ADDRESS	625 CT. ST.		4.3 STREET	I ADDRESS		
CITY-ST-ZIP	OLEARWATER FL 32756	· · · · · · · · · · · · · · · · · · ·	4.4 CITY - 5	ST- ZIP		
TITLE	08	DELETE	5.1 TITLE			Change Addition
NAME	MILLEN, JOSEPH		5.2 NAME			
STREET ADDRESS	625 CT. ST.		1	ADDRESS		
CITY-ST-ZIP TITLE	OLEARWATER FL 32756 DT	DELETE	5.4 CITY - S	ST - ZIP		Change Addition
NAME	HOUCK, CASS	C Dittil	6.2 NAME			Change Production

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 eath; that I am an officer or director of the constitution 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, of on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP