

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

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90012 012 ***550.00

DOCUMENT # P97000088538

1. Corporation Name

COMPREHENSIVE REHAB AND FITNESS TECHNOLOGIES, INC.

Principal Place of Business

**34653 US HWY. 19 N.
PALM BEACH FL 34684**

Mailing Address

**34653 US HWY. 19 N.
PALM BEACH FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

59-3482912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required ~

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C JR.
625 COURT ST.
CLEARWATER FL 33756**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CORRIS, ROBERT
625 CT. ST.
CLEARWATER FL 33756**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HUGHES, ALLEN
625 CT. ST.
CLEARWATER FL 32756**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MIRABELLO, STEVEN C
625 CT. ST.
CLEARWATER FL 32756**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MOSS, STEVEN
625 CT. ST.
CLEARWATER FL 32756**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MILLEN, JOSEPH
625 CT. ST.
CLEARWATER FL 32756**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HOUCK, CASS
625 CT. ST.
CLEARWATER FL 32756**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DP
Hughes, Allen
625 CT. ST.
Clearwater, FL 33756**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**DV
Corris, Robert
625 CT. ST.
Clearwater, FL 33756**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**DV
Dormois, John
625 CT. ST.
Clearwater, FL 33756**

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**DV
Choi, Sang
625 CT. ST.
Clearwater, FL 33756**

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**DV
KPOL, WALDIMER
625 CT. ST.
Clearwater, FL 33756**

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99

727 781-3550

CR2E034 (1/98)