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 # P97000094934

1. Corporation Name

BODY S	HOP FITNESS CLUB, INC.								
Principal Place	of Business	Mailing Address				-		HIII	
2708 OLD HWY 441 2708 OLD HWY 441 MOUNT DORA FL 32757 MOUNT DORA FL 32757						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed 11/05/1997			
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For	
21	26					59-3477301		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 A Fee Re	I	
City & State City & State			***			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zip 24	Country 25	Zip 29	Coul	ntry		This corporation owes the current year the Personal Property Tax.		X No	
	9. Name and Address of Current		1			10. Name and Address of New Registere	d Agent		
				81	Name				
BOST, KELLY H 2708 OLD HWY 441 MOUNT DORA FL 32757				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City	F	85 Zip C	Code .	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida, Such change was ions of, Section 607.0505, F	autnorized Iorida Statu	oy ites.	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the appropriation (Control of the Control of the Contr	of changing its ointment as reg	registered gistered	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS				istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12	
TITLE	D DELETE			1.1 TITLE		ADDITIONS/OTIANGES TO OTT TOE. TO	Change	Addition	
	BOST, KELLY H			1.2 NAME			_ ,	_	
NAME	712 LIBERTY ST			1.3 STREET ADDRESS					
STREET ADDRESS	LOUIST BODI DI ACCES			1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				2.1 TITLE			☐ Change	Addition	
NAME				2.2 NAME				}	
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				ļ.	
TITLE				3.1 TITLE			☐ Change	☐ Addition	
NAME	3.21		3.2 NA	3.2 NAME					
STREET ADDRESS			3.3 ST	REET	TADDRESS			į	
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP				
TITLE	☐ DELETE 4.11		4.1 11	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	TADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP				- Addition	
TITLE		☐ DELETE	5.1 TH				☐ Change	Addition]	
NAME			5.2 NA					1	
STREET ADDRESS			1		T ADDRESS			ļ	
CITY-ST-ZIP			5.4 CF	TY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESTOCHT

☐ Change

Addition

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90206 015 ***150.00