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PROFIT CORPORATION ANNUAL REPORT 1999 .



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000102743

1. Corporation Name

CUSTOMFIT BOCA, INC.

Principal Place of Business	
7078 BERACASA WAY	٠,
BOCA RATON FL: 33433	

Mailing Address

7078 BERACASA WAY **BOCA RATON FL 33433**

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90033 049 ***150.00



DO NOT WRITE IN THIS SPACE

•	3	·			 Date incorporated or Qu 12/04/.1997 	alifed		
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21	A second	26			65-0798703	··		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desi	red 🗆	* -	Additional equired
City & State	The state of the s	City & State	\ 		Election Campaign Final Trust Fund Contribution	ncing		May Be to Fees
23	Country	Zip	Country	,	8. This corporation owes th	e current year h	ntangible	
Zip		—	30		Personal Property Tax.	o bustone your n	□Yes	□No ·
24	25	29	1301		10. Name and Address of	New Registere	d Agent	
 	9 Name and Address of Current		81	Name	10. Italiio alta Additos o.			
041/		The State Control of the State Control	01	Ivallie				
	ALLO, MICHAEL P		82	Street Addr	ress (P.O. Box Number is Not A	cceptable)		
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BOC	A RATON FL 33433		83					
		•	84	City		TO THE CONTRACTOR	85 Zip	Code
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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 a stachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

Daytime Phone #

☐ Change .

Addition