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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000109119 (2)

TOO TONE FITNESS INCORPORATED

Principal Place of Business

Mailing Address

## FILED Mar 25 1998 8:00am Secretary of State



14755 S.W. 61 MIAMI FL 331		14755 S.W. 66TH STREET MIAMI FL 33193		DO NOT ANDITE IN THIS (	CDAOE
				DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	SPACE
				12/31/1997	
2. Principal Pi	ace of Business	2a. Mailing Address	n. euralite	4 FEI Number	Applied For
21 100 N.	W. 87TH AVENUE	326 100 N.W. 87	TH AVENUE	65-080 2279	Not Applicable
	#, etc. 215	Suite, Apt, #, etc. 27 # E - 215	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MI FL	City & State	·L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331 7	Country 25 USA	2ip 29 33175 30	Country	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent year Intangible  Yes X No
<u> </u>	9. Name and Address of Current		,	10. Name and Address of New Registered	Agent
COHEN, DERRIC KENNETH				Jose Ramon Fernandez Address (P.O. Box Number is Not Acceptable)	
14755 S.W. 66TH STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33193			83	N.W. 87th Avenue T	E-2 5
			84 City		85 Zip Code
			'M	IIAMI FL	133175
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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or profeted name of regretared agent and julic if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	DELETE	1.1 TITLE	V/T/S/D	Change Maddition
NAME	COHEN, DERRIC KENNETH		1.2 NAME	1056 RAMON FERNANDEZ 00 N.W. 874 AVENUE, #E	s
STREET ADDRESS	14755 S.W. 66TH STREET				<b>215</b>
CITY-ST-ZIP	MIAMI FL 33193			MIAMI, PL 33175	
TITLE	TSD	☐ DELETE	2.1 TITLE		Change
NAME	FERNANDEZ, JOSE RAMON		2.2 NAME	*	
STREET ADDRESS	100 N.W. 87TH AVENUE, #E-	<u></u> ?15	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY - ST - ZIP		Otrono El Addition
TITLE	•	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY - ST - ZIP		Drugge -	3.4. CITY-ST-ZiP		☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE					- I change
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	•	FT AFTER	6.1 TITLE		The Controls
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information symplical suits	h this filing does not qualify for t	6.4 CITY-ST-ZIP	Lin Section 119 07/3\(i) Florida Statutes I further on	artify that the information
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.					