PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	JAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS						03-09-1999 90132 011 ***158.75			
1. Corporatio					·					
Bal haf	RBOUR HEALTH & I	FITNESS MANAG	SEMENT INC.				L LEMANTE EN ROM (ORAL LANGE COME COME COME COME	O LLOCATO FROM CARACO F	ICCO HINT HOCK	
]				
Principal Plac	e of Business	Mailin	ng Address				i ibalita si iin inser into nato este ener ener	8 11312 (1917 010 12 1	1244 1/17 1491	
11855 N.E. 197	H DRIVE #2		11855 N.E. 19TH DRIVE #2						_	
IMAIN HTROM	FL 33181	NORTH	H MIAMI FL 33181				DO NOT WRITE IN THI	S SPACE	• •	
						İ	3. Date Incorporated or Qualifed			7
							03/10/1998			
2. Principal P	lace of Business	2a. M	ailing Address	_			4. FEI Number 65-0679504	<u> </u>	Applicable	ł
21		26	** * * * * * * * * * * * * * * * * * *				65-06/1504	\$8.75 A		┪
Suite, Apt.	#, etc.	<u> </u>	uite, Apt. #, etc.				5. Certificate of Status Desired	Fee Res		1
City & Stat		[27]	ity & State				S. Election Campaign Financing	\$5.00	Mav Be	1
23		28	,				Trust Fund Contribution	Added to		
Zìp	Country	Zi		Coun	try		8. This corporation owes the current year l	ntang ble	—	1
24	25			30			Personal Property Tax.		□No	4
	9. Name and Address	of Current Register	ed Agent		1 Name		10. Name and Address of New Registere	a Agent		1
AUC	RICAN INFORMATION	SERVICES INC		['	31 Name	,				4
	S.E. 3RD AVENUE	OLITTOLO, MO.		[1	32 Street	2 Street Address (P.O. Box Number is Not Acceptable)				
28TH FLOOR					33					1
	WI FL 33131							Lat we o		┦
					City		F	L 8.5 Zip C	.00e	1
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.	1508, Florida Statuta	s, the abo	ove-named	corpor	ation submits this statement for the purpose of a board of directors. I hereby accept the app	of changing its	egistere d	1
office or i	registered agent, or both, in familiar with and accept	n the State of Florida. : t the obligations of, Sa	Such change was au cuon 607.0505, Flor	ithorized l ida Statut	y the comp es	ooration' _/	s board of directors. I hereby accept the app	ointment as reg	Istered	ł
SIGNATURE	Pineleen	Udrum is	anon	, De	さん	. .	2/20/4	19		ļ
SIGNATURE		registered age it and lift if up			gent signature	Ledricec A	hen reinstating) BATS	MD DIDECTOR	DC (M 12)	88
12.	OFF	FICERS AND DIRECT	ORS DELETE	13.		10.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	CR2E034 (11/98)
TITLE	President		1	12 NAME		selle MARIN-FRANCIS		_	X	
NAME PROFESS A DODGE CO	Steven R Francis 11855 NE 19" Dave #2			1.3 STREET ADDRESS		55 NE 12 DR #8 MIAM: F1 33032				
STREET ADDRESS CITY-ST-LIP	11855 NE 19.	Delle (3) ST			-ST-ZIP	1 13	MiAM: 71 33032	•		<u>2</u>
TITLE	N. J. C. Free	1 - 30 - 10 -	☐ DELETE	2.1 TITL		'S		[] Change	Adviition	ပ
NAME				2.2 NAV	Ε					}
STREET ADDRESS				2.3 STR	EET ADDRESS	;				1
CITY-ST-IMP				_	r-ST-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·		☐ Addition	1
TITLE			□ DELETÉ	3.1 TITL		1		☐ Change	L. Addition	ł
NAME	į			3.2 NAM		į			•.	Ì
STREET ADDRESS				H	EET ADDRESS	3				
CITY-ST-73P	ļ		☐ DELETE	3.4. CIT 4.1 TITL	r-ST-ZIP	 		Change	Addition	1
TITLE	\ -	•	C. Delette	4.2 NA		1			-=	<u> </u>
NAME CODECT LODGEC	1				EET ADORESS	3	•			
STREET ADDRESS CITY-ST-IDP					-ST-ZIP		•			
TITLE			☐ DELETE	5.1 TITL		1		☐ Change	Adx ition	1
NAME	1			5.2 NAW	Ε					1.
STREET ADDRESS				5.3 STR	EET ADDRESS	3				
CITY-ST-7P		-			-ST-ZIP	 			[*] & 4. (Hear	∤-
TITLE			□ DELETE	6.1 TTL		1	· ,	Change	Addition	
NAME				6.2 NAM	_	,[· · ·			{
STREET ADDRESS	4				EET ADDRESS	'			,	1
	•			H RACITY	-ST-ZIP	4				

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 incicated 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 outh; that I am an officer or director of the corporation or the receiver or trustee empoyaged 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 abathment with an address, with all other like empowered.

FILED

Mar 09, 1999 8:00 am Secretary of State