


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90132 011 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # P98000022423 1. Corporation Name BAL HARBOUR HEALTH & FITNESS MANAGEMENT INC.																																																																											
Principal Place of Business 11855 N.E. 19TH DRIVE #2 NORTH MIAMI FL 33181		Mailing Address 11855 N.E. 19TH DRIVE #2 NORTH MIAMI FL 33181																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																									
9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131		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: <i>Diocletius M. Francis</i> SECRET. DATE: <i>2/23/99</i> <small>Signature, typed or printed name of registered agent if and only if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STEVEN R FRANCIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11855 NE 19th Drive #2</td> <td></td> </tr> <tr> <td>CITY-ST-CP</td> <td>N.M.A.M. FL 33181</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-CP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-CP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-CP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-CP</td> <td></td> <td></td> </tr> </table>				TITLE	President	<input type="checkbox"/> DELETE	NAME	STEVEN R FRANCIS		STREET ADDRESS	11855 NE 19th Drive #2		CITY-ST-CP	N.M.A.M. FL 33181		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-CP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-CP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-CP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-CP														
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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 807, 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 #

CR2E034 (1/98)