

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

02/27/95

PROFIT CORPORATION ANNUAL REPORT 1999		
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		

DOCUMENT # P98000023555

1. Corporation Name
KIDZ CLUB FITNESS CENTERS, INC.

FILED
SECRETARY OF STATE
FLORIDA DEPARTMENT OF CORPORATIONS

99 AUG 12 PM 1:38



Principal Place of Business 1605 SW 10TH CT FT LAUDERDALE FL 33312	Mailing Address 1605 SW 10TH CT FT LAUDERDALE FL 33312
2. Principal Place of Business 21 2089 N. UNIVERSITY Suite, Apt. #, etc. 22 DRIVE City & State 23 SUNRISE, FL. Zip 33322 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country
9. Name and Address of Current Registered Agent BERNIER, JEFF 5560 SW CYPRESS RD PLANTATION FL 33317	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 03/12/1998	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional <input type="checkbox"/> Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

7/1/99

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWCUTT, ORCHID 1605 SW 10TH CT FT LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	JOSEPH CACERES 12137 S. DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIER, JEFF 5560 CYPRESS RD PLANTATION FL 33317	<input checked="" type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	600002962356-2 -08/17/99-01066-005 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWCUTT, STEVEN 1605 SW 10TH CT FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERBAUF, RICHARD 2872 PERSHING ST HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (11/98)

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 954-893-8800

Daytime Phone #

Saturday, July 31, 1999

SEAN TONER
FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BX. 6327
TALLAHASSEE, FL 32314

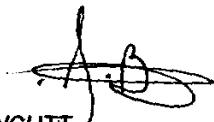
pg8- 23555

Dear SEAN: IAM REALLY DISAPPOINTED IN HOW MY PROBLEM HAS BEEN HANDLED. LET ME START BY GIVING YOU A LITTLE BACKGROUND.

SEVERAL MONTHS AGO I RECEIVED FIRST NOTICE PROFIT CORP. ANNUAL REPORT. KIDZ CLUB FITNESS CENTERS, INC WAS STILL NOT IN OPERATION. NOT KNOW WHAT TO DO, I CALLED THE NUMBER LISTED ON THE REPORT (850) 488-9000. THE PERSON ANSWERING TOLD ME TO WRITE A LETTER STATING THAT WE WERE NOT IN OPERATION. I DID EXACTLY THAT. SEVERAL MONTHS LATER I RECEIVED ANOTHER NOTICE THAT NOW STATES THAT I OWE \$550.00 INSTEAD OF THE ORIGINAL AMOUNT OF \$150.00. SO ONCE AGAIN I CALLED THE NUMBER LISTED. THIS TIME I SPOKE WITH JO SHE WAS SYMPATHETIC TO MY COMPLAINT AND SAID SEND THE ORIGINAL \$150.00 WITH LETTER STATING THE SAME. I DID THIS, THEN RECD A LTR STATING THIS WAS NOT ACCEPTABLE. I AM NOT SURE WHAT TO DO AT THIS POINT. IT SEEMS AS THOUGH THE STATE WILL NOT TAKE RESPONSIBILITY FOR IT'S OWN ACTIONS.

PLEASE EXCEPT MY PAYMENT OF \$150.00 WHICH WAS SNT BACK WITH LTR. I LOOK FORWARD TO HEARING FROM YOU ASAP.

Sincerely,



STEVEN BOWCUTT

PLEASE HELP ME TO RECTIFY THIS SITUATION ASAP, PRIOR TO SEPT. 10th. THIS MISTAKE WAS NOT INITIATED BY ME AND I FEEL THAT IT IS UNFAIR FOR ME TO PAY FOR A STATE EMPLOYEES MIS-GUIDANCE.

 DAYTIME PHONE NUMBER 954-456-8188
EVE. # 954-462-5755