

DOCUMENT # P98000030310

FIT FOR FUN INTERNATIONAL, INC.

200 SOUTH OCEAN BLVD.
#124
DELRAY BEACH FL 33483

200 SOUTH OCEAN BLVD.
#124
DELRAY BEACH FL 33483-6745

Suite, Apt. #, etc.

City & State

Country

Not Applicable

7

\$8.75 Additional
Fee Required

ARONLD, EVA M
200 SOUTH OCEAN BLVD.
#124
DELRAY BEACH FL 33483

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11:

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, EVA	
STREET ADDRESS	200 SOUTH OCEAN BLVD. #124	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
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TITLE ☐ Change ☐ Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2000

Date _____

561 2438395

Daytime Phone #

CR2E034 (9/99)