**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800030609

1. Corporation Name

U.S. HEALTH AND SPORT INVESTMENTS, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90176 013 \*\*\*150.00

Principal Place of Business Mailing Address 2198 MAIN STREET 219R MAIN STREET SARASOTA FL 34237 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0829519 4034 INDIAN TRAIL Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing ZORIPA DETIN Trust Fund Contribution Added to Fees 28 Country. 8. This corporation owes the current year Intangible 30 0Kalow4 JNo Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JAENSCH, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 82 2198 MAIN STREET SARASOTA FL 34237 83 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.050? 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. SIGNATUF:E Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reguired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change **▼** DELETE 1.1 TITLE TITLE MUENCH, THORSTEN 1.2 NAME NAME MUENCH, THORSTEN 4034 IND ITHU TRAIL SASELBEKSTR 37 1.3 STREET ADDRESS STREET ADDRESS DESTIN, PLORIDA J2541 22393 HAMBURG GERMANY 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 reperter 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 extact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)