

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90056 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000032444

1. Corporation Name  
 SEBASTIAN GYM & FITNESS, INC.



Principal Place of Business: 817 GARDENIA STREET SEBASTIAN FL 32958  
 Mailing Address: 817 GARDENIA STREET SEBASTIAN FL 32958

**NEW**

2. Principal Place of Business: 738 S. Fleming St Sebastian, FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1998

4. FEI Number: 65-0828759 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

21 State, Apt. #, etc: [Blank]

22 City & State: [Blank]

23 Zip: [Blank] Country: [Blank]

24 [Blank] 25 [Blank] 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank] 30 [Blank]

9. Name and Address of Current Registered Agent  
 ROHM, GLEN  
 817 GARDENIA STREET  
 SEBASTIAN FL 32958

10. Name and Address of New Registered Agent  
 81 Name: Glen Rohm  
 82 Street Address (P O Box Number is Not Acceptable): 445 Perch Ln  
 83 City: Sebastian FL 85 Zip Code: 32958

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: Anthony Tosioli (Sec & Treas) 3/15/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROHM, GLEN	
STREET ADDRESS	817 GARDENIA STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIGAN, PATRICK B	
STREET ADDRESS	817 GARDENIA STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TONIOLI, ANTHONY	
STREET ADDRESS	817 GARDENIA STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Glen Rohm	
13 STREET ADDRESS	445 Perch Ln	
14 CITY-ST-ZIP	Sebastian, FL 32958	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 in an attachment with an address, with all other like empowered

SIGNATURE: Anthony Tosioli Anthony Tosioli 3/15/99 388-4916

CR2E034 (1/198)