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May 04, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000050453

1. Corporation Name

RAMPAGE MUSCLE & FITNESS, INC.

Principal Place of Business

2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

Mailing Address

2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

593515160

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BASTONE, ANTONIO  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
BASTONE, ANTONIO  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
PETERSEN, DALE E JR  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
POULOS, MARY  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
GOMES, JUSTIN A  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
SAPP, ERINEE  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
PETERSEN, GEORGIA P  
2428 NORTH MONROE ST  
TALLAHASSEE FL 32303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Bastone 4/26/99 850 383 0151

CR2E034 (11/98)