

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

APPROVED
AND
FILED

99 AUG -6 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000050453

1. Corporation Name
Rampage Muscle & Fitness, Inc

Principal Place of Business Mailing Address
2428 North Monroe St 2428 N. Monroe St
TALL, FL 32303 TALL, FL 32303

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/5/98

4. FEI Number
59 35 15160

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

9. Name and Address of Current Registered Agent
BASTONE, ANTONIO
2428 North Monroe St
TALL, 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
85 Zip Code
FL

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|-----------------------|
| TITLE | NAME | 11 TITLE | 12 NAME |
| Pres | BASTONE, ANTONIO | | |
| STREET ADDRESS | 2428 North Monroe St | 13 STREET ADDRESS | 300002955383--8 |
| CITY-ST-ZIP | TALL, FL 32303 | 14 CITY-ST-ZIP | -08/10/93--01029--002 |
| TITLE | NAME | 21 TITLE | 22 NAME |
| V Pres | POULOS, MARY | | |
| STREET ADDRESS | 2428 North Monroe St | 23 STREET ADDRESS | ****61.25 ****61.25 |
| CITY-ST-ZIP | TALL, FL 32303 | 24 CITY-ST-ZIP | |
| TITLE | NAME | 31 TITLE | 32 NAME |
| | | | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | NAME | 41 TITLE | 42 NAME |
| | | | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | NAME | 51 TITLE | 52 NAME |
| | | | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | NAME | 61 TITLE | 62 NAME |
| | | | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARY POULOS 8/6/99 (850) 488-1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)