

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90008 036 \*\*\*150.00

DOCUMENT # P98000057658

1. Corporation Name

PERSONAL BEST TRAINING, INC.

Principal Place of Business

4675 PONCE DE LEON BLVD. SUITE 305  
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD. SUITE 305  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

65-0845700

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

21 115 TAMiami TRAIL

2a. Mailing Address

26 115 TAMiami TRAIL

Suite, Apt. #, etc.

22 #4260

Suite, Apt. #, etc.

27 #4260

City & State

23 PUNTA GORDA FL.

City & State

28 PUNTA GORDA FL.

Zip

24 33950

Country

25 U.S.A.

Zip

29 33950

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR  
4675 PONCE DE LEON BLVD, SUITE 305  
CORAL GABLES FL 33146

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

TITLE ☒ DELETE

NAME ~~STINSON, LOUIS JR~~  
STREET ADDRESS ~~4675 PONCE DE LEON BLVD, SUITE 305~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33146~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT, SECRETARY V.S. ☒ Change ☐ Addition

1.2 NAME CHRISTOPHER C. TRIANA

1.3 STREET ADDRESS 3311 ITHACA ST.

1.4 CITY-ST-ZIP PT. CHARLOTTE, FL, 33952

2.1 TITLE PRESIDENT, TREASURER P.T. ☐ Change ☒ Addition

2.2 NAME JEFF KARDY

2.3 STREET ADDRESS 409 W. ANN ST.

2.4 CITY-ST-ZIP PUNTA GORDA, FL, 33950

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: CHRISTOPHER C. TRIANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

941-505-1166

Daytime Phone #

CR2E034 (11/98)