

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90177 040 ***150.00

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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 # P98000062576

1. Corporation Name
BILL BARKER'S PERSONAL TRAINING, INC.

Principal Place of Business 11500 WILLOW GARDENS DR WINDERMERE FL 34786	Mailing Address 11500 WILLOW GARDENS DR WINDERMERE FL 34786
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>2701 S. Maguire Rd</u> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/15/1998	
22 City & State 23 <u>Ocoee, FL</u>		27 City & State		4. FEI Number <u>59-352250</u> Applied For Not Applicable	
24 <u>34761</u> 25 <u>USA</u>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHREIBER, MARGARET H 215 N EOLA DRIVE ORLANDO FL 32801				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent SCHREIBER, MARGARET H 215 N EOLA DRIVE ORLANDO FL 32801				81 Name DEBORAH L. ZETTERLUND	
				82 Street Address (P.O. Box Number is Not Acceptable) 11500 WILLOW GARDENS DRIVE	
				83	
				84 City WINDERMERE FL	
				85 Zip Code 34786	

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 Deborah L. Zetterlund **DEBORAH L. ZETTERLUND** 4-27-99
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 D	<input type="checkbox"/> DELETE	1.1 TITLE SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZETTERLUND, DEBORAH L		1.2 NAME	
STREET ADDRESS 11500 WILLOW GARDENS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP WINDERMERE FL 34786		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARKER, WILLIAM J		2.2 NAME	
STREET ADDRESS 7103 HARBOR HEIGHTS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Deborah L. Zetterlund **DEBORAH L. ZETTERLUND** 407-876-8956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)