PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

JOCUMENT # P98000064140 \

Country

9. Name and Address of Current Registered Agent

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407 WEKIVA SPRINGS RD., SUITE 369 LONGWOOD FL 32791-6655

MNAYARJI, BASSAM H

OSCEOLA HEALTH & FITNESS, INC.

ncipal Place of Business

Principal Place of Business

Suite, Apt. #, etc.

SNATURE:

City & State

Zip

Mailing Address

8 W. HWY.192 - KISSIMMEE IGWOOD FL 32791-6655

P. O. BOX 916655

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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TRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

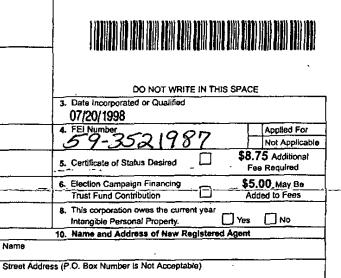
RE

OASSAM)

LONGWOOD FL 32791-6855

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90014 028 ***550 00



85 Zip Code

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.

VATURE

ASAM. #. MNAYART (2/88)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 1.1 TITLE DELETE H: MNAYARDI **CR2E034** 1.2 NAME Rd.#369 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ST-ZIP Change Addition 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS ST ADDRESS 2.4 CITY-ST-ZIP Change Addition 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADORES FT ADDRESS 3.4 CITY-ST-ZIP ST ZIP Change Addition DELETE 4.1 TITLE 42 NAME 4.3 STREET ADDRESS ET ADDRESS 4.4 CITY-ST-ZIP J-ZP 5.1 TITLE Change Addition DELETE 52 NAME T ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP T-ZP 6.1 TITLE Change Addition DELETE 6.2 NAME 6.3 STREET ADDRESS TADORESS 6.4 CITY-ST-ZIP hareby 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 andicated 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 in officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Country

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84 City

Name

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