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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
IVISION OF CORPORATIONS

## Jun 23, 1999 8:00 am Secretary of State

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1ELBOURNE FITNESS INC. ba LADY OF AMERICA 1688 SOUTH HWY U.S. 1 4007 NORTH HWY U.S. 1 POCKLEDGE FL 32355 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 48- 3158 LAKE WASHINGTON 3. Date Incorporated or Qualifed July 22,1998 MELBOURNE FL 07/23/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 9-3526823 59-3256992 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible **⊠**No ☐ Yes 24 25 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 YANKOVICH, DANIEL E. Street Address (P.O. Box Number is Not Acceptable) 4007 NORTH U.S. 1 **MELBOURNE FL 32935** 83 Zip Code City 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITE YANKOVICH, DANIEL E NAME 1.2 NAME 4007 N. HARBOR CITY BLVD. 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE VSD 2.1 TITLE YANKOVICH, JEAN 2.2 NAME NAME 4007 N. HARBOR CITY BLVD. 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 2. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME

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 13 if changes; or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

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