Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90008 039 \*\*\*150.00

## 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** 

## DOCUMENT # P98000073872

1. Corporation Name

SEEK YOUR PERSONAL BEST, INC.

Principal Place of Business 2607 SPRUCE AVE. WEST PALM BEACH FL 33407  2. Principal Place of Business 21 Suite, Apt. #, etc. 22  Mailing Address 2607 SPRUCE AVE. WEST PALM BEACH FL 33407  2a. Mailing Address 2b. Suite, Apt. #, etc. 27						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 08/21/1998  4. FEI Number 65 - 086 4890  Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required			
City & State	e	City & State	¬ ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	28 Zip 29 30	Count	try		This corporation owes the current year Personal Property Tax.	Intanglibia A Yes	χNο	
Name and Address of Current Registered Agent				31	Name	10. Name and Address of New Registers	u Agent		
MILLS, MARK E									
2607 SPRUCE AVE.				32	Street Addres	ss (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33407				33					
				34	City	F	L 85 Zip	Code	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autrons of, Section 607.0505, Florida	a Statute	es.	ne corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	of changing it pointment as r	ls registered registered	
					istered Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	D OFFICERS AND	DELETE	13.		$\overline{}$	ADDITIONS/CHANGES TO OFFICERS	Change		
NAME	MILLS, MARK E	<del>-</del>							
STREET ADDRESS	ACCT OPPLIES AVE			.3 STREET ADDRESS					
CITY-ST-ZIP	WEST DALLA DEACH EL 20407			1.4 CiTY-ST-ZIP					
TITLE	☐ DELETE 2.1		2.1 TITLE	E			☐ Change	Addition	
NAME			2.2 NAM	E					
STREET ADDRESS	*		2.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP			2.4 CITY		I-ZIP			- Addition	
TITLE .	e was a training the second	DELETE	3.1 TTU		- <b>-</b> .	and the second of the second o	☐ Change	e ☐ Addition	
NAME			3.2 NAM					ļ	
STREET ADDRESS					ADDRESS			į	
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY 4.1 TITLE		-219		Change	e Addition	
NAME		and traces	4, 2 NAM		1		_ •		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE	_			☐ Change	e Addition	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition