FILE NOW, FILING FEE AFTER MAI 13T IS \$950.00%

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084445

LIFEFOR	RCE FITNESS INC											
Principal Plac	e of Business	М	ailing Address				-{	QULU QBILL 10).		A CIALI DICI	APPRICATION	
Principal Place of Business Mailing Address 78 VIA DE CASAS NORTE 78 VIA DE CASAS NORTE BOYNTON BCH FL 33428 BOYNTON BCH FL 33426							ро	NOT WRIT	E IN THIS S	PACE		
}							3. Date incorporated or	Qualifed				7
(09/30/1998	` .	•			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			A	oplied For	1
21		26					65-07	230	94	N	ot Applicable	1
Sulte, Apt. #, etc.			Suite, Apt. #, etc.						,	\$8.75	Additional	1
22			7				5. Certificate of Status	Jesired		Fee R	benlupe	}
City & Sta	te .	 '	City & State				a. Election Campaign F	inancing		\$5.00	May Be	1
23			1				Trust Fund Contribution Added to Fees] ·
Zip	Country	28	Zip	Co	untry		8. This corporation owe	s the curre	nt year intar	igible		7
26		29	_ _	30 ·		*****	- Personal Property-T	ж		Yes	· 🖳 No	<u>-</u>
	9. Name and Address of Currer	nt Regis	stered Agent				10. Name and Address	of New R	egistered A	gent]
					81	Name	,		_			Į
HALLIKA, ERIC					82	Street Addre	ess (P.O. Box Number Is N	ot Accepta	ble)			1
78 VIA DE CASAS NORTE					"	Oli CCL / COL	19 (0. 00 Hallan)	- 1000	····			_
BOY	'NTON BCH FL 33426				83							
İ					-	-				85 Zip	Code	-{
\					84	City	•		FL			
11. Pursuani office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are security to the obligations.	2 and 6 of Florid tions of	07.1508, Florida Stat da. Such change was , Section 607.0505, F	tutes, the a authorize forida Sta	above d by tutes	e-named corporation	pration submits this statemen's board of directors. I he	ent for the eby accep	ourpose of ch the appoint	nanging its ment as re	registered gistered	
SIGNATURE							<u></u>		DATE			\ _
L	Signature, typed or printed name of registered age					t signature required	ADDITIONS/CHANGE	0 TO OFF		DIRECTO	DC N 12	188
12.	OFFICERS AN	IO DIRE	DELETE	13.	TILE		ADDITIONS/CHANGE	SIQUE		Change	Addition	En34 (11/98
TITLE	LESIDENI						•			-		4
NAME	ERCHALLIKA				WME							8
STREET ADDRESS 78 VIA DE CASAS NO ETE OTY-ST-7P BOYNDU BCH. FL. 33426						ADDRESS						2
CITY-ST-ZIP	BOYNON BLA. FL. 35	426	DELETE		TY-S	T-ZIP				Change	Addition	
TITLE	Į.		C DETEIF	2.1 T								
NAME	1				AME			•				1.
STREET ADORESS	i					ADORESS						1
CITY-51-ZIP			Decem		CITY-8	T-ZIP				Change	Addition	1
) TITLE	1		☐ DELETE	317		}				_¹ ∼∗ensho	Carlo Manager	1
NAME				1	AME							1
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-5	T-ZIP				Channe	Antition	-
-111/2			DELETE_		TIE.	د ا	** ** ** ** ** ** ** ** ** ** ** ** **		 -	Change		-)
NAME	1				NAME							1
STREET ADDRESS	3					ADORESS						1
CITY-ST-ZIP					ITY-\$	T-ZIP			 _	m (h		-
TITLE			☐ DELETE	5.1 T						Change	Addition	
NAME.	1				MME		•	•				1
STREET ADDRESS	;					ADORESS						}
OF 75 170	1			540	TY-S	r-ZIP (l

CITY-ST-ZIP 4. Thereby certify that the information supplied with this fiting 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, of on, an attacking this in a address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

□ D€LETE

Addition

Change

FILED

Mar 01, 1999 8:00 am Secretary of State

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