

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90095 034 ***150.00

DOCUMENT # P98000091617

1. Corporation Name
BREAK'N A SWEAT, INC.



Principal Place of Business
524 E STREET S #203
JACKSONVILLE BEACH FL 32250

Mailing Address
524 E STREET S #203
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1998

4. FEI Number

59-3540768

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 526 3rd St South

26 526 3rd St South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 203

27 # 203

City & State

City & State

23 Jacksonville Bch FL

28 Jacksonville Bch FL

Zip

Country

Zip

Country

24 32250

25 USA

29 32250

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARSENAULT, DEBORAH J
1908 OAK CIRCLE
ATLANTIC BEACH FL 32233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 STD
NAME ARENSAULT, DEBORAH J
STREET ADDRESS 1908 OAK CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME THERIAULT, MARC
STREET ADDRESS 315 PHEASANT RUN
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CHRISTY, LINDA
STREET ADDRESS 1431 10 STREET N
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

804 241-1317

0566087

CR2E034 (11/98)