04221999-90209-022-$150.00-$150.00

**FILED**
**Apr 22, 1999 8:00 am**
**Secretary of State**
04-22-1999 90209 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105445

1. Corporation Name
FOREVER FIT TRAINING & WELLNESS CENTER INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 409 MONTGORMERY ROAD STE 111<br>ALTAMONTE SPRINGS FL 32714<br>MISSPELLED | 409 MONTGORMERY ROAD STE 111<br>ALTAMONTE SPRINGS FL 32714 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 409 MONTGOMERY RD<br>Suite, Apt. #, etc.<br>22 SUITE 111<br>City & State<br>23 ALTAMONTE SPRINGS, FL<br>Zip 24 32714 Country 25 USA | 2a. Mailing Address<br>26 P.O. BOX 150055<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 ALTAMONTE SPRINGS, FL<br>Zip 29 32715-0055 Country 30 USA |

3. Date Incorporated or Qualified: 12/17/1998
4. FEI Number: 59-3545844 ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, INA L
409 MONTGOMERY ROAD STE 111
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: INA L. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 150055~~ 332 TANGERINE ST.
83: 32701
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: ~~32715-0055~~

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: Ina L. Williams 4/20/99
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 | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHANT, WENDY L | | 1.2 NAME | | |
| STREET ADDRESS | 4803 HOPESPRING DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32829 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILLIAMS, INA L | | 2.2 NAME | | |
| STREET ADDRESS | 332 TANGERINE ST | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 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.

**SIGNATURE:** Ina L. Williams REQUIRED 4/20/99 407-339-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
INA L. WILLIAMS

CR2E034 (11/98)