

FILED
Apr 11, 2002 8:00 am
Secretary of State

0067301 AV

<h1 style="margin: 0;">DOCUMENT # P98000105445</h1>																																																																																																																																		
1. Entity Name FOREVER FIT TRAINING & WELLNESS CENTER INC.																																																																																																																																		
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Principal Place of Business 427 CENTERPOINTE CR STE 1893 ALTAMONTE SPRINGS FL 32701 US	Mailing Address P.O. BOX 190055 ALTAMONTE SPRINGS FL 32701 US																																																																																																																																	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 427 CENTERPOINTE CR. Suite, Apt. #, etc. #1893 City & State ALTAMONTE SPRINGS FL Zip Country 32701 US																																																																																																																																	
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6. Name and Address of Current Registered Agent																																																																																																																																		
CHANT, WENDY L. 781 CREEKWATER TERRACE # 701 LAKE MARY FL 32746																																																																																																																																		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.																																																																																																																																		
SIGNATURE <small>(Type, typed or printed name of registered agent and title if applicable.)</small>																																																																																																																																		
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																																																																																																																																	
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11. OFFICERS AND DIRECTORS																																																																																																																																		
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DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/01)