

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S42417** (3)

1. Corporation Name

**TREASURY PARK PLAZA FITNESS CENTER CORPORATION**



Principal Place of Business

**9485 SUNSET DRIVE  
SUITE A-145  
MIAMI FL 33133**

Mailing Address

**9485 SUNSET DRIVE  
SUITE A-145  
MIAMI FL 33133**

3. Date Incorporated or Qualified

**04/02/1991**

3a. Date of Last Report

**12/04/1995**

2. Principal Place of Business

**31 3250 Mary Street**

Suite, Apt. #, etc.

**22 Suite 404**

City & State

**23 Coconut Grove, FL**

Zip

**24 33133**

Country

**25 USA**

2a. Mailing Address

**26 3250 Mary Street**

Suite, Apt. #, etc.

**27 Suite 404**

City & State

**28 Coconut Grove, FL**

Zip

**29 33133**

Country

**30 USA**

4. FEI Number

**65-0260423**

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 has liability for intangible tax under s 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**FITZSIMMONS, ROBERT V  
9485 SUNSET DR SUITE A-145  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

**Fitzsimmons, Robert V.**

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

**3250 Mary Street, Ste. 404**

83

84 City

**Coconut Grove**

**FL**

85 Zip Code

**33133**

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

TITLE ☐ DELETE

**D  
FITZSIMMONS, ROBERT V  
9485 SUNSET DR A-145  
MIAMI FL 33173**

TITLE ☐ DELETE

**DPS  
SONTAG, MICHAEL  
2886 TIGERTAIL AVE  
COCONUT GROVE FL**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**D  
Fitzsimmons, Robert V.  
3250 Mary Street, Ste. 404  
Coconut Grove, FL 33133**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**700001925227  
-08/19/96--01013--024  
\*\*\*1125.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-9-96 305-856-4181**

CR2E034 (12/95)