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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S55223** (9)
1. Corporation Name
FITNESS LIFESTYLE DESIGN, INC.



Principal Place of Business Mailing Address
1919 N.W. 24TH STREET **1919 N.W. 24TH STREET**
GAINESVILLE FL 32605 **GAINESVILLE FL 32605-3847**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **05/28/1991** 3a. Date of Last Report **08/13/1996**
4. FEI Number **59-3094629** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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 10. Name and Address of New Registered Agent
WILLIAMS, CHARLES 81 Name
1919 N.W. 24TH ST 82 Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32605 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME **P WILLIAMS, CHARLES S.** 1.2 NAME
STREET ADDRESS **1919 N.W. 24TH STREET** 1.3 STREET ADDRESS
CITY-ST-ZIP **GAINESVILLE FL 32605** 1.4 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME **VP HARAGEONES, EMMANOUEL G.** 2.2 NAME
STREET ADDRESS **4440 LARMOUTH PLACE** 2.3 STREET ADDRESS
CITY-ST-ZIP **PENSACOLA FL 32514-8222** 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME **VP SMITH, CHARLES D.** 3.2 NAME
STREET ADDRESS **717 EAST RIVER DRIVE** 3.3 STREET ADDRESS
CITY-ST-ZIP **TEMPLE TERRACE FL** 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☒ Addition
NAME **VP DEWAYNE JOHNSON** 4.2 NAME
STREET ADDRESS **EASTGATE WAY** 4.3 STREET ADDRESS
CITY-ST-ZIP **TRULANASSOB, FL.** 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 do 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.

SIGNATURE: **Charles Williams** 4/30/97 352-392-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)