

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 # **S64685** (8)

1. Corporation Name

U.S. FITNESS INC.



Principal Place of Business

Mailing Address

**4090 DAVENTRY LANE
PALM HARBOR FL 34685-1126
3798 PRESIDENTIAL DRIVE
US**

**4090 DAVENTRY LANE
PALM HARBOR FL 34685-1126
3798 PRESIDENTIAL DRIVE
US**

3. Date Incorporated or Qualified

07/02/1991

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 3798 PRESIDENTIAL DR

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PALM

27

City & State

City & State

23 PALM HARBOR

28 FL

Zip

Country

Zip

Country

24 34685

25 FL

29

30

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

10. Name and Address of New Registered Agent

**PICCIONE, FRANK
4090 DAVENTRY LANE
PALM HARBOR FL 34685**

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 for filing)

Date

FRANK PICCIONE PRES

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **PICCIONE, FRANK**
STREET ADDRESS **4090 DAVENTRY LANE**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE **FRANK PICCIONE** ☒ Change ☐ Addition
1.2 NAME **3798 PRESIDENTIAL DRIVE**
1.3 STREET ADDRESS **PALM HARBOR, FLORIDA 34685-1075**
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **Piccione Michelle**
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Piccione Michelle**
2.3 STREET ADDRESS **3798 PRESIDENTIAL DR**
2.4 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

FRANK PICCIONE

2/26/96

8137676137

CP2E034 (12/95)