## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90090 041 \*\*\*150.00

## DOCUMENT # S80267

FIT CLUB INC

LII	CLUD,	INC

Principal Place of Business

Mailing Address

2435 CLAIRE AVE

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22 City & State Country Country Zip Country Registered Agent Registered Agent Street Address (P.O. Box Number is Not Acceptable NEW SMYRNA BEACH FL 32168 Registered Agent Street Address (P.O. Box Number is Not Acceptable Registered Agent) Registered Agent Registered Address (P.O. Box Number is Not Acceptable Registered Agent) Registered Address (P.O. Box Number is Not Acceptable Registered Agent) Registered Address (P.O. Box Number is Not Acceptable Registered Agent) Registered Address (P.O. Box Number is Not Acceptable Registered Agent) Registered Agent Registered	\$8.79 Fee \$5.0 Adde It year Intangible Yes gistered Agent	Applied For Not Applicable Additional Required May Be ad to Fees
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NEW SMYRNA BEACH FL 32168		
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84 City	FL   T	p Code
*11=Pursuant to the provisions of Sections 607:0502 and 607:1508; Florida Statutes; the above named corporation submits this statement for the purifice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	urpose of changing the appointment as	its registered
SIGNATURE	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		TORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
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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)(f). Florida Statutes: I further certify that the information indicated on this annual report or suppliemental 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 offer like empowered.

SIGNATURE:

IGHATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/25/99

Daytime Phone #