


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90072 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00278 1. Corporation Name FIT AMERICA, INC.					
Principal Place of Business 2101 WEST COMMERCIAL BLVD. SUITE 5500 FT. LAUDERDALE FL 33309			Mailing Address 2101 WEST COMMERCIAL BLVD. SUITE 5500 FT. LAUDERDALE FL 33309		
2. Principal Place of Business 21 401 FAIRWAY DR. Suite, Apt. #, etc.		2a. Mailing Address 26 401 FAIRWAY DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/16/1991	
22 DEERFIELD BEACH FL City & State		27 DEERFIELD BEACH FL City & State		4. FEI Number 65-0305294 Applied For <input type="checkbox"/> Not Applicable	
23 33434 Zip		29 33434 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 USA Country		30 USA Country		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DAVIS, BYRON 2101 W COMMERCIAL BLVD SUITE 5500 FT LAUDERDALE FL 33309				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent 81 Name BYRON, DAVIS Suite 200 82 Street Address (P.O. Box Number is Not Acceptable) 401 FAIRWAY DRIVE 83 84 City DEERFIELD BEACH FL 85 Zip Code 33434	
SIGNATURE <input checked="" type="checkbox"/> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BYRON		1.2 NAME	DAVIS, BYRON	
STREET ADDRESS	2101 W COMMERCIAL BLVD SUITE 5500		1.3 STREET ADDRESS	401 FAIRWAY DR.	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33434	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DEBI		2.2 NAME	DAVIS, DEBI	
STREET ADDRESS	2101 W COMMERCIAL BLVD SUITE 5500		2.3 STREET ADDRESS	401 FAIRWAY DR.	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33434	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	ROMERO, STELLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, STELLA		3.2 NAME	ROMERO, STELLA	
STREET ADDRESS	2101 W COMMERCIAL BLVD 5500		3.3 STREET ADDRESS	401 FAIRWAY DR.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33434	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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, with all other like empowered.

SIGNATURE:

Stella Romero **Treas.** 1-4-98 954-570-324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)