

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V05627 (7)**

1. Corporation Name

**COMPLETE FITNESS SYSTEMS, INC.**

Principal Place of Business

P O BOX 5543  
BOCA EXECUTIVE SUITES  
LIGHTHOUSE PT FL 33074  
US

Mailing Address

P O BOX 5543  
BOCA EXECUTIVE SUITES  
LIGHTHOUSE PT FL 33074  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/10/1992**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0305750**

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 § 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **6210 N Andrews Ave**

Suite, Apt. #, etc

2a. Mailing Address

26 **6210 N Andrews Ave**

Suite, Apt. #, etc

City & State

23 **FT Lauderdale**

Zip

**FL**

Country

25 **33309**

City & State

28 **FT Lauderdale**

Zip

**FL**

Country

30 **33309**

9. Name and Address of Current Registered Agent

**BROTMAN, SUSAN J.  
2424 N FEDERAL HWY  
SUITE 314  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 of person or persons authorized to register agent and file this statement)

(Signature of Registered Agent required if new registration)

(Date)

12. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | <b>PD</b>               |
| NAME           | <b>FOREST, ROBIN</b>    |
| STREET ADDRESS | <b>1401 NE 57 PL</b>    |
| CITY, ST, ZIP  | <b>FT LAUDERDALE FL</b> |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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 110.07(2)(b), 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. And I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 067, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**ROBIN FOREST**

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR

*Robin Forest*

**4/15/95**

**305-783-3935**