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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mr

Secretary of DIVISION OF CORPORATIONS

1997

DOCUMENT # V23339

(7)

BUILT TO LAST FITNESS CENTER, INC.

FILED Feb 12 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		T 1901 OLIONO RICERO HRUB RICERO ALIRO EDALO	ING MENGE MANGE MANGE MANGE ENNE
6520 INDUSTRIAL AVE SUITES 3 & 4 COMMERCE EXECUTIVE CENTER PORT RICHEY FL 34668		6520 INDUSTRIAL AVE SUITES 3 & 4 COMMERCE EXECUTIVE CENTER PORT RICHEY FL 34688-6822			
TOTT THORIE	1 2 4 1000	TOTAL MONEY FOR GROOV O		Date Incorporated or Qualified 03/24/1992	3a. Date of Last Report 02/27/1996
	face of Business	26. Mailing Address	PI. YWH.	4. FEI Number	Applied For
Cuito Ant	# olo	26 Suite, Apt. #, etc.	71WT.11	59-3114295	Not Applicable
Suite, Apt		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State 28 NOW POLT	RICHEY FLA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zin .	Country	B. This corporation has liability for in	
	25	29] 34652	30		Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	letered Agent
CAR	iter, david R., esq.		81 Name		
7419	9 U.S. HIGHWAY 19		82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
NEV	v port richey fl 34652-124	0	<u></u>		·
			63		
			84 City		85 Zip Code
Pursuant office or r	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named con	poration submits this statement for the pration's board of directors. I hereby accep	irpose of changing its registered
agent. La	im familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statutes.	anona board or an ectors. Filleroof accep	t the appointment as registered
GNATURE.					
	Signature, typed or printed name of registered		TE Registered Agent signature requ		DATE
2.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
ITLE	LODDOLO ANTHONY	☐ DELETE	1.1 TITLE		☐ Change ☐ Additi
AME	IOPPOLO, ANTHONY J.		. 1.2 NAME	HULL O.S. HWY. PI	
TREET ADDRESS	6520 INDUSTRIAL AVE.		1.3 STREET ADDRESS	and one with the	24181
HY-ST-ZIP	PORT RICHEY FL	DELETE		NOW POUT ENCHEY FLA	Change Addit
ITLE	V IODDOLO IOODDILA	☐ DETEIE	2.1 TITLE	,	Change Additi
AME	IOPPOLO, JOSEPH M.		2.2 NAME		
TREET ADDRESS				Have he amount	
	6520 INDUSTRIAL AVE.			4948 p.2.4my.19	LIV 3010 -
	PORT RICHEY FL.	D pert	2.4 CITY-ST-ZIP	HAME N.C. HMA, IU	FIA 3465V
ı11€	PORT RICHEY FL.	☐ DELETE	2.4 CITY-ST-ZIP 31 TITLE		FID 3465
ITLE IAME	PORT RICHEY FL T IOPPOLO, CAROLINE J	☐ DELETE	2.4 CITY-ST-ZIP	YOU PORT PICHEY	FIA 3450 Change Addit
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1. 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 furnual 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 is 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 attrochment with an address.

SIGNATURE

MATURE AND T PRIVED PANE OF STORING OFFICER OR DIRECTORS OF C

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Daytime Phone 4