

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44695** (7)

1. Corporation Name

ALTAMONTE WOMAN'S HEALTH & FITNESS, INC.

Principal Place of Business
**280 ST RD 434, STE 1049
ALTAMONTE SPGS FL 32714
US**

Mailing Address
**280 STATE RD 434, STE 1049
ALTAMONTE SPGS FL 32714
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/18/1992

3a. Date of Last Report
01/25/1994

4. FEI Number
59-3128618

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 S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD.
LONGWOOD FL 32818**

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD.
LONGWOOD FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
EX V. BERNARD PALLUCK ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
PALLUCK, EDDIE M.
102 SWEETWATER CLUB BLVD.
LONGWOOD FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PALLUCK, EDDIE M. PALLUCK ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KOSTEZYK, PHIL
626 STANHOPE DR
CASSELBERRY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**UP PALLUCK
Kostelyk, Phillip** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NEWSHAW, MARK
280 SR 434 #1049
ALTAMONTE SPGS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**UP PALLUCK
Renshaw, Mark
912 Bishop Park Ct #1125
Winter Park, FL 32792** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BOUCHAND, LISA
1162 A PASSEO DELMAR #A
CASSELBERRY FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**TR PALLUCK
Bouchard, Lisa** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**SEC.
WENDY MACERCHIN
958 VINEYARD BLVD. #10305
ALTAMONTE SPGS FL** ☒ Change ☒ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information included on this 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, and that I am the registered agent 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 of this filing.

SIGNATURE:

BERNARD P. PALLUCK EX V. PALLUCK 23 FEB 95 407 788-8859
Typed Name and Address of Signing Officer on Director