

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

DOCUMENT # **V44695**

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**

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

**PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

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 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

BERNARD P. PALLUCK EX-1111

Signature of person named in registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

1-22-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **S**
JENKINS, WENDY
STREET ADDRESS **6118 GAMBLE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **VP**
KOSTELYK, PHILLIP
STREET ADDRESS **626 STANHOPE DR**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T**
HEARON, LISA
STREET ADDRESS **1182 A PASSEO DELMAR #A**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 officer 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 in the statement with an address, with all other like empowered.

SIGNATURE:

BERNARD P. PALLUCK EX-1111

1-22-99 **407-788-8854**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0070297

CR2E034 (11/98)