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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V70569

(1)

1. Corporation Name:

TEAM FITNESS INC.

Principal Place of Business

306 NORTH NOVA ROAD
ORMOND BEACH FL 32174

Mailing Address

306 NORTH NOVA ROAD
ORMOND BEACH FL 32174-5126



2. Principal Place of Business

21 306 N. NOVA RD

Suite, Apt. #, etc.

2a. Mailing Address

26 306 N. NOVA RD.

Suite, Apt. #, etc.

22 City & State

23 ORMOND BEACH FL

27 City & State

28 ORMOND BEACH FL

24 Zip

32174

Country

25 Vol.

29 Zip

32174

Country

30 Vol.

9. Name and Address of Current Registered Agent

CARTER, BRIAN J.
306 N. NOVA RD
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

10/07/1992

3a. Date of Last Report

01/29/1996

4. FEI Number

59-3148283

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

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME CARTER, BRIAN
STREET ADDRESS 306 NORTH NOVA ROAD
CITY - ST - ZIP ORMOND BEACH FL
☒ DELETE

TITLE P
NAME CARTER, BRIAN J.
STREET ADDRESS 1006 BIG OAKS BLVD
CITY - ST - ZIP OVLEOO FL
☒ DELETE

TITLE V
NAME CENTINIL, ROCCO
STREET ADDRESS 306 NORTH NOVA ROAD
CITY - ST - ZIP ORMOND BEACH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Ross Raphael
1.3 STREET ADDRESS 107 Grandview dr
1.4 CITY - ST - ZIP New Smyrna Beach FL 32168
☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME Ross Raphael
2.3 STREET ADDRESS 107 Grandview dr.
2.4 CITY - ST - ZIP New Smyrna Beach FL 32168
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)