

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

1. Corporation Name

170569
TEAM FITNESS INC.

Principal Place of Business

Mailing Address

306 N. NOVARO
ORMOND BEACH, FL 32174

SAME

2. Principal Place of Business

21 306 N. NOVARO

Suite, Apt. #, etc.

22 City & State

Ormond Beach

23 Zip

FL

Country

Volusia

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9. Name and Address of Current Registered Agent

BRIAN JAMES CARTER
1006 BIG OAKS BLVD
OVIDO, FL 32765

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

July 1992

3a. Date of Last Report

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

BRIAN JAMES CARTER

82 Street Address (P.O. Box Number is Not Acceptable)

1006 BIG OAKS BLVD

83

OVIDO FL 32765

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 person signing (if applicable)

(NOTE: Registered Agent's signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME

EDWARD IZZO President

EDWARD IZZO

10 Reflection Village Dr

ORMOND BEACH FL 32174

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

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME

BRIAN JAMES CARTER

12 NAME

1006 BIG OAKS BLVD

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

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 supplementary 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED
97 SEP 22 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)