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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

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P96000102804 (7)

T 2 FITNESS, INC.

Principal Place of Business

Mailing Address

7955 MAY SATH COURT

7355 NW SATH COURT

## **FILED** Apr 27 1998 8:00am Secretary of State



	RDALE FL 33319	FORT LAUDERDALE FL	33319			
				DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified		
9 Principal D	ace of Business	2a. Mailing Address		12/18/1996 4. FEI Number		
	AULT A		76 th Asse	= -	Applied For Not Applicable	
Sulte, Apt.	# 0'S	26 3 / N W Suite, Apt. #, etc.	14 705	65-0720098		
22 /0	<u> </u>	27 103		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	and the second	City & State	not FI	6. Election Campaign Financing	<b>\$5.00</b> May Be	
23	979916,56	28 / /4/	991-11-	Trust Fund Contribution	Added to Fees	
Zip	Country	70 20 0	Country	8. This corporation owes or has paid the o		
<u> 24 330</u>	63 25 USA	29 <i>2.706.5</i>	30 US//	Personal Property Tax due June 30.	Yes No	
4419.4	9. Name and Address of Curren	i Hegistereo Agent	81 Name	10. Name and Address of New Registere	a Agent	
NIMLEN, CETTO C						
			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33317						
			83			
I			84 City	F	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.						
office or re	e <b>gistere</b> d agent, or both, in the State m <b>fam</b> iliar with, and accept the obliga	of Florida, Such change was itions of Section 607,0505. Fi	authorized by the corpora lorida Statutes	tion's board of directors. I hereby accept the ap	ppointment as registered	
SIGNATURE	Signature, type if or printed name derequistered age	nt and trie if applicable (NO	IE. Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	Kusener, Stephen P		1.2 NAME			
STREET ADDRESS	7355 NW 54TH COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	9	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S1-ZIP			
TITLE		☐ DELET <b>E</b>	3.1 TITLE	-	☐ Change ☐ Addition	
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
-STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY - ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	· · · <del></del>	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			
14. I hereby c	ertify that the information supplied wi	ith this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

of this annual report or supplied with this ming does not quality on the exemptor stated in declarity on the annual report or supplied entitle 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.