

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **853424** (0)
1. Corporation Name
THE ATHLETIC INSTITUTE, INC.



Principal Place of Business Mailing Address
% JOHN D. RIDDLE, PRESIDENT
200 CASTLEWOOD DR.
N. PALM BCH FL. 33408

3. Date Incorporated or Qualified **07/12/1982** 3a. Date of Last Report **02/15/1995**
4. FEI Number **36-0753530** 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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RIDDLE, JOHN D.
200 CASTLEWOOD DR.
N. PALM BCH FL 33408

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, GIB	
STREET ADDRESS	1 FORDHAM RD.	
CITY-ST-ZIP	NORTH READING MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIDDLE, JOHN D.	
STREET ADDRESS	200 CASTLEWOOD DR	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, JACK	
STREET ADDRESS	425 MEADOW ST.	
CITY-ST-ZIP	CHICOPEE MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOHRIG, PETER	
STREET ADDRESS	10540 TALBERT AVE. WEST WING	
CITY-ST-ZIP	FOUNTAIN VALLEY CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HEGE, GREG	
STREET ADDRESS	2500 SOUTH 25TH AVE	
CITY-ST-ZIP	BROADVIEW IL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	NIMMONS, JULIE	
STREET ADDRESS	1200 E. UNION	
CITY-ST-ZIP	LITCHFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Ralph Carlson
3.4 CITY-ST-ZIP	425 Meadow Street
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Tom Carmody
4.4 CITY-ST-ZIP	100 Technology Center
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *John D. Riddle* 2/22/96 407 840 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)