

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000005434 (6)

1. Corporation Name
BALLY TOTAL FITNESS CORPORATION



Principal Place of Business: **2029 CENTURY PARK EAST
2810 ATTN: TAX DEPT
LOS ANGELES CA 90067
US**

Mailing Address: **8700 WEST BRYN MAWR
CHICAGO IL 60631**

3. Date Incorporated or Qualified: **11/30/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **36-2762953**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ARTHUR	1.2 NAME	
STREET ADDRESS	2 EXECUTIVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCI SR, MICHAEL	2.2 NAME	LUCCI, MICHAEL SR
STREET ADDRESS	16000 NORTHLAND DR.	2.3 STREET ADDRESS	8700 W. BRYN MAWR AVE, 2ND FL
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLMAN, LEE S	3.2 NAME	
STREET ADDRESS	8700 WEST BRYN MAWR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAAN, CARY A	4.2 NAME	
STREET ADDRESS	8700 WEST BRYN MAWR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JULIE	5.2 NAME	
STREET ADDRESS	2029 CENTURY PARK E STE 2810	5.3 STREET ADDRESS	000001817400
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	-05/13/96--01005--040
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHETLIN, GEOFFREY	6.2 NAME	
STREET ADDRESS	2029 CENTURY PARK E STE 2810	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	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 or person 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: **GEOFFREY SCHEITLIN, A. TREAS** 4/30/96 310/552-6941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)