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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P95000028611 (8)

ATHLETE'S CHOICE FITNESS CENTER, INC.

Principal Place of Business Mailing Ac



11265 N. MAIN ST. Jacksonville Fl 32218		11265 N. MAIN ST. Jacksonville FL 32218						
					 Date Incorporated or Qualified 04/06/1995 	3a. Date o	f Last Rep	oort
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			pplied For
		26		59 - 3306 138 Not Applic			ot Applicable	
Suite, Apt #.	. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
]		27					Fee R	equired
City & State		City & State			6. Election Campaign Financing			May Be
		28			Trust Fund Contribution	<u>-</u>		to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax	under s 1	199.032,
]	25	29	30		Florida Statutes Yes 10. Name and Address of New F	□ No	nont	
	9. Name and Address of Curr	ent Registered Agent	81	F-47	10. Name and Address of New P	redizielen wi	Acur.	
			81	Name				
OTTO, BRENDA G			82 Street Addr		ress (P.O. Box Number is Not Acceptab	ole)		
	EMUNESS RD		<u></u>					
	SONVILLE FL 32218		83					
			84	City		F* 1	85 Zip	Code
					oration submits this statement for the pu	<u> </u>	<u> </u>	
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ILE	PD							
	ATTA BACKIOS A		1.2 NAMe	l.				
	OTTO, BRENDA G		1.2 NAME 1.3 STREE	T ADDRESS				
TREET ADDRESS	11353 EMUNESS RD	Q	1.3 STREE	T ADDRESS				
IREET ADDRESS	11353 EMUNESS RD JACKSONVILLE FL 3221	8) Change	☐ Add-tion
TREET ADDRESS ILLY - ST - ZIP ITLE	11353 EMUNESS RD JACKSONVILLE FL 3221 VT	8 DELETE	1 3 STREF 1 4 CITY -) Change	☐ Addition
TREEF ADDRESS HTY-S*-ZIP HTLE HAME	11353 EMUNESS RD JACKSONVILLE FL 3221 VT OTTO, SCITT W	8 DELETE	1.3 STREF 1.4 CITY - 2.1 TITE 2.2 NAME) Change	Add-tion
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TREET ADDRESS TY-SY-ZIP TLE AME TREET ADDRESS TY-SY-ZIP TLE	11353 EMUNESS RD JACKSONVILLE FL 3221 VT OTTO, SCITT W 11353 EMUNESS RD	DELETE	1.3 STREE 1.4 CFY - 2.1 THEE 2.7 NAME 2.3 STREE 2.4 CHY -	S1-ZiP I ADDRESS S1-ZiP				
TREET ADDRESS TY-S'-ZIP TLE AME TREET ADDRESS TRY ST-ZIP TLE AME	11353 EMUNESS RD JACKSONVILLE FL 3221 VT OTTO, SCITT W 11353 EMUNESS RD	DELETE	1 3 STREF 14 CI*Y- 2 1 TITLE 22 NAME 23 STREE 24 CIY- 3 3 TITLE 32 NAME	S1-ZiP I ADDRESS S1-ZiP				
IREET ADDRESS ITY-SY-ZIP TLE AME TREET ADDRESS ITY ST-ZIP ILE AME TREET ADDRESS	11353 EMUNESS RD JACKSONVILLE FL 3221 VT OTTO, SCITT W 11353 EMUNESS RD	DELETE	1 3 STREF 14 CI*Y- 2 1 TITLE 22 NAME 23 STREE 24 CIY- 3 3 TITLE 32 NAME	S1-ZP LADDRESS ST-ZP ELADDRESS] Change	Addition
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TREET ADDRESS INTY-ST-ZIP JULE AME TAREET ADDRESS INTY-ST-ZIP JULE TAREET ADDRESS INTY-ST-ZIP JU	11353 EMUNESS RD JACKSONVILLE FL 3221 VT OTTO, SCITT W 11353 EMUNESS RD	DELETE DELETE	1 3 STREE 1 4 CTY- 2 1 THE 2 2 NAME 2 3 STREE 2 4 CTY- 3 3 TITLE 3 2 NAME 3 3 STREE 4 TITLE 4 2 NAME 4 3 STREE 4 4 CTY- 5 TITLE 5 2 NAME 5 3 STREE 5 4 CTY 6 1 TITLE	I ADDRESS ST-ZIP ET ADDRESS ST-ZIP * ADDRESS ST-ZIP I ADDRESS ST-ZIP			Change Change Change	Addition Addition
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14. I do hereby certify that the information supplied with this timp is voluntarily furnished and ocks hot quartie the artificial states in the same legal effect as if made under certify that the information indicated on this annual report or suppliering report is true and accurate and thist my signature shall have the same legal effect as if made under certify 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 changes, or on an attachment with an address.

SIGNATURE:

Sk 13 if changed, or on an attachment with an address

BLUL A CALL OTTO

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Capture Figure #