

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

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000028611  
1. Corporation Name  
The Athlete's Choice Fitness Center

Principal Place of Business: 12425 N. Main St. JAX. FL. 32218  
Mailing Address: 11353 Emuness Rd. JAX. FL. 32218

3. Date Incorporated or Qualified: 4-6-95  
3a. Date of Last Report: 5-13-97

2. Principal Place of Business: 11269 N. Main St. JAX. FL. 32218  
2a. Mailing Address: 11353 Emuness Rd. JAX. FL. 32218  
21. Suite, Apt. #, etc.  
22. City & State: JAX. FL.  
23. Zip: 32218 Country: DUVAL  
24. Zip: 32218 Country: DUVAL

4. FEI Number: 59-3306138  
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

9. Name and Address of Current Registered Agent  
Brenda Gail Otto  
11353 Emuness Rd.  
JAX. FL. 32218

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 607.1508, 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: BRENDA GAIL OTTO  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)  
DATE: 8-12-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	SCOTT W. OTTO	11353 EMUNESS Rd.	JAX. FL. 32218	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER	KIRSTEN RAE OTTO	11353 EMUNESS Rd.	JAX. FL. 32218	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	TIFANY EVAN OTTO	11353 EMUNESS Rd.	JAX. FL. 32218	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHAIRMAN	VIRGINIA NOLAN	9133 JOOS Rd.	JAX. FL. 32220	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR	ALFREDINE MUSIC	1228 GLENDR.	JAX. FL. 32218	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		300002279333		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		-08/28/97--01019--022		
		***70.00		

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: Brenda Gail Otto  
Date: 8-12-97 (904) 757-5904

CR2E034 (9/96)