

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

FILED

**Mar 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028611 (8)
1. Corporation Name
ATHLETE'S CHOICE FITNESS CENTER, INC.



Principal Place of Business 11289 N. MAIN ST. JACKSONVILLE FL 32218	Mailing Address 11353 EMUNESS RD. JACKSONVILLE FL 32218
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 12425 N. Main St.	26 2a. Mailing Address Suite, Apt. #, etc.	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State	24 Zip	29 Zip
25 Country	30 Country		

3. Date Incorporated or Qualified
04/06/1995

4. FEI Number 59-3306138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OTTO, BRENDA G
11353 EMUNESS RD
JACKSONVILLE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	RAE OTTO, KIRSTEN	<input type="checkbox"/>
NAME	11353 EMUNESS RD	
STREET ADDRESS	JACKSONVILLE FL 32218	
CITY-ST-ZIP		
TITLE	EVAN OTTO, TIFANY	<input type="checkbox"/>
NAME	11353 EMUNESS RD	
STREET ADDRESS	JACKSONVILLE FL 32218	
CITY-ST-ZIP		
TITLE	NOLAN, VIRGINIA	<input type="checkbox"/>
NAME	9133 JOOS RD.	
STREET ADDRESS	JACKSONVILLE FL 32220	
CITY-ST-ZIP		
TITLE	MUSIC, ALFREDINE	<input type="checkbox"/>
NAME	1228 GLEN DR.	
STREET ADDRESS	JACKSONVILLE FL 32218	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Managing Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Julie Durham		
5.3 STREET ADDRESS	11238 Emuness Rd.		
5.4 CITY-ST-ZIP	JAK. FL. 32218		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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* *Brenda Gail Otto* *3 9 98* *Gail 1998*

CR2E034 (10/97)