

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90128 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000028611

1. Corporation Name
ATHLETE'S CHOICE FITNESS CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 12425 N MAIN ST
 JACKSONVILLE FL 32218
 US

Mailing Address
 11353 EMUNESS RD.
 JACKSONVILLE FL 32218

3. Date Incorporated or Qualified
04/06/1995

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 **FL** 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	RAE OTTO, KIRSTEN
STREET ADDRESS	11353 EMUNESS RD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> DELETE
NAME	S EVAN OTTO, TIFANY
STREET ADDRESS	11353 EMUNESS RD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> DELETE
NAME	C NOLAN, VIRGINIA
STREET ADDRESS	9133 JOOS RD.
CITY-ST-ZIP	JACKSONVILLE FL 32220
TITLE	<input type="checkbox"/> DELETE
NAME	D MUSIC, ALFREDINE
STREET ADDRESS	1228 GLEN DR.
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MD DURHAM, JULIE
STREET ADDRESS	11238 EMUNESS RD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> DELETE

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TR
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Brenda Gail Otto* (BRENDA GAIL OTTO) 4-26-99 (904) 696-0905
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)