

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 514827 (5)

1. Corporation Name
NAUTILUS SPORTS FITNESS CENTER, INC.



Principal Place of Business 8100 S.W. 81ST. DRIVE MIAMI FL 33143	Mailing Address 8100 S.W. 81ST. DRIVE MIAMI FL 33143-6803
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3. Date Incorporated or Qualified 11/16/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 10471 N KENDALL DRIVE Suite, Apt. #, etc. 22 B-103 City & State 23 MIAMI FLA Zip 24 33176 Country 25 USA	2a. Mailing Address 26 10471 N. KENDALL DRIVE Suite, Apt. #, etc. 27 B-103 City & State 28 MIAMI FLA Zip 29 33176 Country 30 USA
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4. FEI Number 59-1703813	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GENTILE, ROBERT A. 8100 S.W. 81ST. DRIVE MIAMI FL 33143
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10. Name and Address of New Registered Agent 81 Name GENTILE ROBERT A 82 Street Address (P.O. Box Number is Not Acceptable) 10471 N. KENDALL DRIVE B-103 83 84 City MIAMI FL 85 Zip Code 33176

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	
TITLE	P <input type="checkbox"/> DELETE
NAME	GENTILE, ROBERT A.
STREET ADDRESS	8100 S.W. 81ST. DRIVE
CITY-ST-ZIP	MIAMI, FLORIDA 0
TITLE	S <input type="checkbox"/> DELETE
NAME	BEAN, GERALD
STREET ADDRESS	8100 S.W. 81ST. DRIVE
CITY-ST-ZIP	MIAMI, FLORIDA 0
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10471 N. KENDALL DR B-103
1.4 CITY-ST-ZIP	MIAMI FLA 33176
2.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10471 N. KENDALL DR. B-103
2.4 CITY-ST-ZIP	MIAMI FLA 33176
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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: ROBERT GENTILE 4/19/97 595-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)