FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704068** **(6)**

1. Corporation Name
TOWN ATHLETIC CLUB,INC.

Principal Place of Business	Mailing Address
10725 NE 6TH AVE. MIAMI FL 33161 US	~~990 NE 100ND ST.~~ ~~MIAMI FL 33138~~ ~~US~~ 10725 NE 6TH AVE MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1932	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0949880	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
THE IVES BUILDING
20801 BISCAYNE BLVD., SUITE 501
NORTH MIAMI BEACH FL 33180

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~LEWIS, MARY ANN~~	1.2 NAME	FAUNCE, LESTER L.	
STREET ADDRESS	~~590 N.E. 102 STREET~~	1.3 STREET ADDRESS	634 NE 72 TERR	
CITY-ST-ZIP	~~MIAMI SHORES FL~~	1.4 CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JR., DANIEL GLEN	2.2 NAME		
STREET ADDRESS	590 N.E. 102 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP		
TITLE	~~TD~~	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	~~TIGGN, DAVID~~	3.2 NAME	SPRINGFELS, William	
STREET ADDRESS	~~1911 SW 199 AVE.~~	3.3 STREET ADDRESS	60 NE 105 ST	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33137~~	3.4 CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	~~SD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~COX, MARIA DELGADO~~	4.2 NAME		
STREET ADDRESS	~~8852 SW 29 ST.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33123~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Lester L. Faunce 4/24/95 (305) 754-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041807