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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853424** (0)

1. Corporation Name

THE ATHLETIC INSTITUTE, INC.



Principal Place of Business	Mailing Address
% JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL 33408	% JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL 33408-5804

3. Date Incorporated or Qualified 07/12/1982	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 36-0753530 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

10. Name and Address of New Registered Agent

RIDDLE, JOHN D.
200 CASTLEWOOD DR.
N. PALM BCH FL 33408

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, GIB	1.2 NAME	Barney Wachtel
STREET ADDRESS	1 FORDHAM RD.	1.3 STREET ADDRESS	Lee Street
CITY-ST-ZIP	NORTH READING MA	1.4 CITY-ST-ZIP	Alexander City AL 35010
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, JOHN D.	2.2 NAME	
STREET ADDRESS	200 CASTLEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, RALPH	3.2 NAME	
STREET ADDRESS	425 MEADOW STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICOPEE MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, TOM	4.2 NAME	
STREET ADDRESS	100 TECHNOLOGY CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOUGHTON MA	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGE, GREG	5.2 NAME	
STREET ADDRESS	2500 SOUTH 25TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW IL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMMONS, JULIE	6.2 NAME	
STREET ADDRESS	1200 E. UNION	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____ 1/16/97 5618401100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040568

CR2E037 (9/96)