

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853424** (0)

1. Corporation Name

THE ATHLETIC INSTITUTE, INC.



Principal Place of Business % JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL. 33408		Mailing Address % JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL. 33408		3. Date Incorporated or Qualified <b>07/12/1982</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>36-0753530</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTEL, BARNEY	1.2 NAME	
STREET ADDRESS	LEE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDER CITY AL 35010	1.4 CITY-ST-ZIP	
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	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input 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 checked="" 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	C <input type="checkbox"/> DELETE	5.1 TITLE	<input 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<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 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 on an attachment with an address.

SIGNATURE:  **FILED**

1/5/98 506 840 1100

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