



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 30 PM 2:13 	
1. Name of Limited Partnership FITNESS WAREHOUSE, LTD.		1a. DOCUMENT # A95000001794			
Mailing Address 2122 BLOUNT ROAD POMPANO BEACH FL 33069		Principal Office Address 2122 BLOUNT ROAD POMPANO BEACH FL 33069		3. Date Formed or Registered 11/16/1995 3a. Date of Last Report 12/08/1995 4. State or Country of Formation FL	
2. Mailing Address 12594 PINES BLVD Suite, Apt. #, etc. SUITES 101 & 102 City & State PEMBROKE PINES FL Zip Country 33027 USA		2a. Principal Office Address 12594 PINES BLVD Suite, Apt. #, etc. SUITES 101 & 102 City & State PEMBROKE PINES FL Zip Country 33027 USA		5a. Capital Contributions as Shown on record. \$495,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number APPLIED FOR 65-0644295 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SANTANGELO, CARL G ESQUIRE 3000 NORTH FEDERAL HIGHWAY BUILDING TWO, SUITE 200 FORT LAUDERDALE FL 33306	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) FITNESS WAREHOUSE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2122 BLOUNT ROAD	11b. City, State & Zip Code POMPAÑO BEACH FL 3306	11c. Registration/Document Number P95000099047 P95000088047 000002052710--7 -01/09/97--01071--012 *****578.25 *****578.25 
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Edwido J. Guzman DATE 12/23/96

CR2E003 (6/96)