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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

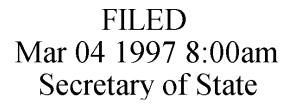
Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1, Corporation Name

G73128

(2)

PALM BEACH GYMS, INC. MANAGEMENT CORP.





	Principal Place of Business Mailing A						
660 LINTON BLVD.#105 DELRAY BEACH FL 33444		660 LINTON BLVD.#100 DELRAY BEACH FL 334					
		OLDINI BENOTITE SO	770130		3. Date Incorporated or Qualified 12/06/1983	3a. Date of La	
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2345656		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
City & Stat	to	City & State				·····	e Required
23		28			6. Election Campaign Financing Trust Fund Contribution		00 May Be sed to Fees
Zιρ	Country	Zip	Cou	intry	B. This corporation has liability for in		
24	25	29	30			Yes 🔲 No	
	g, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	sistered Agent	
STI	ein, Peter			81 Name			
660 LINTON BLVD., #104				82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
DE	LRAY BEACH FL 33444			83			
				03			
				84 City		FL 85	Zip Code
44 Porsugni	to the provisions of Sections 607	0502 and 607 1508 Florida Sta	utes the al	hove-named con	poration submits this statement for the pu	urnose of changi	na its registered
agent La	registered agent, or both, in the Sam familiar with, and accept the o	configuration of engineer con record		14144.			
SIGNATURE	Signature, typical or pointed name of registers	of agent and title if applicable. (N	OTE: Registere	d Agent signature requ	uired when reinstating)	DATE	
SIGNATURE	Signal well typed or pointed name of registers OFFICE RS	ed agent and title if applicable. (N	OTE: Regislerer	d Agent signature requ		DATE ERS AND DIREC	TORS IN 12
SIGNATURE  12. THE	Signal we spied as posited name of registers OFFICE RS	of agent and title if applicable. (N	OTE: Registered 13.	d Agent signature requ	uired when reinstating)	DATE	TORS IN 12
SIGNATURE  12. TITLE NAME	Signifue typed of protted name of registers OFFICE RS OP D'ADDIO, WILLIAM	ed agent and title if applicable. (N	OTE: Registered 13. 1.1 T/	d Agent signature requ TLE AME	uired when reinstating)	DATE ERS AND DIREC	TORS IN 12
SIGNATURE  12.  THE NAME STREEL ADDRESS	Signifue tyled of period name of register OFFICERS DP D'ADDIO, WILLIAM 1672 FEDERAL HWY	ed agent and title if applicable. (N	OTE: Registere:  13. 1.1 T/ 1.2 N/ 1.3 S1	d Agent signature requ TLE AME TREET ADDRESS	uired when reinstating)	DATE ERS AND DIREC	TORS IN 12
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SIGNATURE  12. THE NAME STREET ADDRESS CHY-SI-ZIF	Signifue tyled of period name of register OFFICERS DP D'ADDIO, WILLIAM 1672 FEDERAL HWY	of agent and title it applicable. (N S AND DIRECTORS DELETE	OTE: Registerer  13. 1.1 TI 1.2 NJ 1.3 SI 1.4 CI	d Agent e-grature requires the state of the	uired when reinstating)	DATE ERS AND DIREC Chai	TORS IN 12 nge Additio
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I not heavy certify had the internation supplies with his filling does not dually so that exemption indicated on this annual report or suppliemental 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 office 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 the appear of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #