## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # H37760** (6)TOTAL FITNESS, INC. Principal Piace of Business Mailing Address C/O DEAN COSGROVE C/O DEAN COSGROVE 1888 ALT. 19 SOUTH 1888 ALT. 19 SOUTH TARPON SPGS. FL 34689-9615 TARPON SPGS, FL 34689-1956 3a. Date of Last Report 3. Date incorporated or Qualified 01/14/1985 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2508893 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** П 23 Added to Fees 28 Country Zip Country Ζip This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COSGROVE, DEAN 1888 ALT. 19 SOUTH Street Address (P.O. Box Number is Not Acceptable) TARPON SPGS. FL 33589 83 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) PD DELETE 1.1 THILE Change Addition TITLE COSGROVE, DEAN NAME 1.2 NAME 23 CITRUS DR 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NICHOLAS, GEORGE 2.2 NAME NAME 1607 GULF ROAD STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL DITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Chance GILLS, JAMES 3.2 NAME NAME 512 DRIFTWOOD CIRCLE STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL CITY - ST - ZIP 3.4 CITY-ST-ZIP ■ DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE THILE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. If 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 comparation 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 ent with an address. HEOURED

SIGNATURE:

Daytime Phone #

**FILED** 

Jan 30 1997 8:00am