SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (3)H68550 **DOCUMENT #** FORT LAUDERDALE TRIATHLON TRAINING CENTER, INC. Maiting Address Principal Place of Business 13612 SR 84 13612 SR 84 DAVIE FL 33325 DAVIE FL 33325 3a, Date of Last Report 3. Date Incorporated or Qualified 05/30/1995 07/29/1985 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2593421 26 \$8.75 Additional 21 Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has Lability for intangible tax under s. 199 032 23 Country Country Yes No Ζip Florida Statutes 30 29 25 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name EDGAR, DANIEL Street Address (P.O. Box Number is Not Acceptable) 82 348 NW 103 AVE **PLANTATION FL 33324** 63 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOM: Registered Agent signature technic SIGNATURE Signature, type a or peak or range of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addibən 12. DELETE LI TITUE CR2E034 TITLE 1.2 NAME EDGAR, DANIEL NAME 1.3 STREET ADDRESS 348 N.W. 103 AVE STREET ADDRESS 14 0/1Y ST-ZIP Change Addition PLANTATION FL CITY - ST - ZIP DELETE 21 TILLE TITLE 2.2 NAMS NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-7IP DELETE 3.1 THTLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - S1 - ZIP Change Addition CITY-ST-ZIP DELETE 4.1 1111 F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City ST-ZIP Change Addition CITY-ST-ZIP DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS supplied with this fring is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flor da Statutes 1 safeti on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Floridh Statutes and the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Floridh Statutes and the corporation of 6.4 CiTY - ST - Zi^o CITY-SY-ZIP I do hereby cortify that the information further certify that the information indi-made under oath, that I am an officer on an attachment with an address SIGNING OFFICER OR DIRECTOR) PRINCH 8196 954 424 9394 that my name appears in Block 1

SIGNATURE: