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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H68550 (3) FORT LAUDERDALE TRIATHLON TRAINING CENTER, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13612 SR 84 13612 SR 84 DAVIE FL 33325 DAVIE FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For -59-2593421 26 Not Applicable 21 Suite. Apt. #. etc. Suite. Apt #, etc. 8.75 Additional B. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EDGAR. DANIEL Name 348 NW 103 AVE Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 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 if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. DELETE Change Addition TITLE 11 TITLE EDGAR, DANIEL Edgal, Daniel 3612 SR84 NAME 1.2 NAME 348 N.W. 103 AVE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL Davie F1 33325 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 THILE NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does fot 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 supplimental arrival report is been 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 of the received extrustee in previous data to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or for an attackment with a vaddings.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (10/97)