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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H93530

(4)

THE ATHLETIC HOUSE, INC. Principal Place of Business Mailing Address 2071 RANGE RD. 2071 RANGE RD. CLEARWATER FL 34625-2124 **CLEARWATER FL 34625** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/08/1986 03/12/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2627600 26 Not Applicable Suite Apt # etc Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRANESE, ANTHONY P. 1012 DREW ST. 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33515** 83 84 City 65 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. Signor  $x\in (p)$  coorporated notic of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition HILLS 1.1 10(1) BISSELL, RICHARD NAVE 1.2 NAME 2071 RANGE RD STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change -itibbA [\_\_\_ FILLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - S1 - ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 100/B STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-2P 34. CITY-ST-ZIP DELETE 919 ☐ Change TILE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011Y - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 3 TELL 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CHT+S\* ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY - S1 - ZIP 14. I 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 his annual report or suppliernental 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 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 changed or op an attachment of an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date of the corporation of 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 changed or op an attachment of an address.