FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M56901** **(5)**

1. Corporation Name
FLORIDA PRITIKIN CENTER, INC.

Principal Place of Business
C/O SUITE 300. INC.
5875 COLLINS AVE
MIAMI FL 33140-2213

Mailing Address
C/O SUITE 300. INC.
5875 COLLINS AVE
MIAMI FL 33140-2213

3. Date Incorporated or Qualified: 08/06/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2841506 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SUITE 300, INC.
150 S.E. 2ND AVENUE
STE.300
MIAMI FL 33131

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 the date signed) (NOTE: Registered Agent's signature is required on this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEHR, DAVID	
STREET ADDRESS	5215 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	FLOYD, MARIA K.	
STREET ADDRESS	24 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	WISER, KEVIN	
STREET ADDRESS	1910 OCEAN FRONT WALK	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	P	☐ DELETE
NAME	KETTLE, JOHN E.	
STREET ADDRESS	5875 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	☐ DELETE
NAME	BAUER, ROBERT E.	
STREET ADDRESS	5875 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	☐ DELETE
NAME	TILLEY, PAUL	
STREET ADDRESS	5875 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 changed, or on an attachment with an address.

SIGNATURE: Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96. (305)865-8645
Date Daytime Phone #

CR2E034 (12/95)