

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10501 (7)
1. Corporation Name
DOWNTOWN ATHLETIC CLUB OF ORLANDO, INC.



Principal Place of Business
**1850 LEE RD
STE 301
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 4062
ORLANDO FL 32802
US**

3. Date Incorporated or Qualified
07/31/1985

3a. Date of Last Report
02/16/1995

2. Principal Place of Business 21 222 S Westmonte Drive	2a. Mailing Address 26	4. FEI Number 59-2632163	Applied For Not Applicable
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Altamonte Springs, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32714	Country 25 USA	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MALONE, WILLIAM C IV
827 MENENDEZ COURT
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
Hupp, Lynn

82 Street Address (P.O. Box Number is Not Acceptable)
222 S Westmonte Drive

83 Suite
Suite 101

84 City
Altamonte Springs

85 Zip Code
FL 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lynn Hupp* **Lynn Hupp** **4-25-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	11 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOONE, DONALD		12 NAME Burns, Tanya	
STREET ADDRESS 11 SO. BUMBY		13 STREET ADDRESS 2519 E South St.	
CITY-ST-ZIP ORLANDO FL		14 CITY-ST-ZIP Orlando, FL 32803	
TITLE D	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPONI, RON		22 NAME	
STREET ADDRESS 2933 BRIDGEHAMPTON LANE		23 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		24 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DETZEL, JIM		32 NAME	
STREET ADDRESS 382 FOREST PARK CIRCLE		33 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		34 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	41 TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALONE, BILL		42 NAME Hillman, Scott	
STREET ADDRESS 827 MENENDEZ COURT		43 STREET ADDRESS 205 W Fairbanks Avenue	
CITY-ST-ZIP ORLANDO FL		44 CITY-ST-ZIP Winter Park, FL 32789	
TITLE	<input type="checkbox"/> DELETE	51 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME Galloway, Mike	
STREET ADDRESS		53 STREET ADDRESS 3319 Maguire Blvd., #130	
CITY-ST-ZIP		54 CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> DELETE	61 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME Hupp, Lynn	
STREET ADDRESS		63 STREET ADDRESS 222 S Westmonte Drive, Ste 101	
CITY-ST-ZIP		64 CITY-ST-ZIP Altamonte Springs, FL 32714	

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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Hupp* **Lynn Hupp** **4-25-96** **407-774-7880**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)