

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005711 (7)**

1. Corporation Name

ACHIEVERS ATHLETIC CLUB, INC.



Principal Place of Business

Mailing Address

**3201 NW 207TH ST
OPA LOCKA FL 33056
US**

**P. O. BOX 540537
OPA LOCKA FL 33054
US**

3. Date Incorporated or Qualified
12/21/1993

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0461533

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

10. Name and Address of New Registered Agent

**ROWE, NATHANIEL
3331 N W 174 ST.
CAROL CITY FL 33056**

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 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

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 **PD** ☐ DELETE
NAME **ROWE, NATHANIEL**
STREET ADDRESS **3331 NW 174 ST**
CITY-ST-ZIP **CAROL CITY FL 33056**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **NIXON, NAHA**
STREET ADDRESS **17221 NW 43 AVE**
CITY-ST-ZIP **CAROL CITY FL 33055**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **BROWN, THEODORE JR.**
STREET ADDRESS **18310 NW 39 CT**
CITY-ST-ZIP **CAROL CITY FL 33055**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Michael Mountain**
3.3 STREET ADDRESS **3201 N.W. 207th St**
3.4 CITY-ST-ZIP **Opa-locka, Fla. 33056**

TITLE **TD** ☐ DELETE
NAME **RZESZOTARSKI, LAURA**
STREET ADDRESS **20525 NW 28 AVE.**
CITY-ST-ZIP **OPA LOCKA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **GREEN, TANGELA**
STREET ADDRESS **2775 NW 212 ST**
CITY-ST-ZIP **M IA**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Vivian Thomas**
5.3 STREET ADDRESS **3201 N.W. 207th St.**
5.4 CITY-ST-ZIP **Opa-Locka, Fla. 33056**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura Rzeszotarski Laura Rzeszotarski 4/29/96 305-620-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)