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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # N93000005711 (7)

1. Corporation Name

ACHIEVERS ATHLETIC CLUB, INC.



Principal Place of Business

3201 NW 207TH ST  
OPA LOCKA FL 33056  
US

Mailing Address

P. O. BOX 540537  
OPA LOCKA FL 33054-0537  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
12/21/1993

3a. Date of Last Report  
05/01/1996

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  
33055

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

*Naha Nixon*

(NOTE - Registered Agent signature required when reinstating)

4/29/97

12. OFFICERS AND DIRECTORS

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

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

TITLE VD ☒ DELETE  
NAME MOUNTAIN, MICHAEL  
STREET ADDRESS 3201 NW 207TH ST  
CITY-ST-ZIP OPA LOCKA FL

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

TITLE SD ☐ DELETE  
NAME THOMAS, VIVIAN  
STREET ADDRESS 3201 NW 207TH ST  
CITY-ST-ZIP OPA LOCKA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 does not 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 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 *Sandra B. Mortham*

CR2E037 (9/96)