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APPROVED AND FILED

1995 JUN 14 PM 1:34

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N94000001893 (6)

1. Corporation Name

DOWNTOWN ATHLETIC CLUB, INC.

FOR PROFIT

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O KENT HUFFMAN ESQUIRE 222 LAKEVIEW AVE SUITE 710 WEST PALM BEACH FL 33401	Mailing Address C/O KENT HUFFMAN ESQUIRE 222 LAKEVIEW AVE SUITE 710 WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified 03/31/1994	3a. Date of Last Report
4. FEI Number 65-0495249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 6.199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o Kent Huffman, Esq	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22 222 Lakeview Av. #930	Suite, Apt. #, etc. 27 Same
City & State 23 W. Palm Beach, FL	City & State 28 Same
Zip 24 33401	Country 25 USA
Country 29 Same	Country 30 Same

9. Name and Address of Current Registered Agent

**HUFFMAN, KENT
222 LAKEVIEW AVE SUITE 710 930
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE XX	NAME HUFFMAN, KENT
STREET ADDRESS 222 LAKEVIEW AVE SUITE 710	CITY, ST, ZIP WEST PALM BEACH FL 33401
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Alan Nissman	
13 STREET ADDRESS 222 Lakeview Avenue #930	
14 CITY, ST, ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	500001515075
34 CITY, ST, ZIP	-06/16/95--01037--013
41 TITLE	****200.00
42 NAME	****200.00
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

REMITTED BY MAY 1
SCC 6-14-95

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 110.07(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: Alan Nissman Alan Nissman 4/26/95 40-833-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area #)