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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P12796 (9)

1. Corporation Name

OLDE TOWNE ATHLETIC CLUBS, INC.



Principal Place of Business

**4651 OLDE TOWNE PARKWAY
MARIETTA GA 30068**

Mailing Address

**4651 OLDE TOWNE PARKWAY
MARIETTA GA 30068**

3. Date Incorporated or Qualified

01/07/1987

3a. Date of Last Report

11/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, ARNALDO
3655 N.W. 87 AVENUE
MIAMI FL 33178**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ECKSTEIN, HENRY J.**
STREET ADDRESS **555 34TH STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VS** ☒ DELETE

NAME **HEYDINGER, DAVID K**
STREET ADDRESS **4651 OLDE TOWNE PARKWAY**
CITY-ST-ZIP **MARIETTA GA**

TITLE **VS** ☐ DELETE

NAME **MILLER, D MICHAEL**
STREET ADDRESS **4651 OLDE TOWNE PKWY**
CITY-ST-ZIP **MARIETTA GA**

TITLE **D** ☐ DELETE

NAME **PEREZ, ARNALDO**
STREET ADDRESS **3655 NW 87TH AVE. 5TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 newly attached with an address.

SIGNATURE:

D. Michael Miller

D. Michael Miller

4/30/96

(770) 971-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034 (12/95)