

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011660 (5)

1. Corporation Name:

CLUB FITNESS MANAGEMENT INC.

Principal Place of Business:

**9460 RICHMOND CIR
BOCA RATON FL 33434**

Mailing Address:

**9460 RICHMOND CIR
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification 02/08/1994	3a. Date of Last Report Initial Report
4. FEI Number 65-0470863	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	

2. Principal Place of Business: 21 SAME	2a. Mailing Address: 26 SAME
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	County 25
	Zip 29
	County 30

9. Name and Address of Current Registered Agent SMITH, SCOTT F 9460 RICHMOND CIR BOCA RATON FL 33434	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (Agent, director, president, or shareholder) _____ (Registered Agent or person authorized to accept service)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PRESIDENT	1.1 NAME SCOTT SMITH	1.1 NAME	☐ Change ☐ Addition
2. STREET ADDRESS 9460 RICHMOND CIRCLE	1.2 STREET ADDRESS	1.2 STREET ADDRESS	
3. CITY, ST. ZIP BOCA RATON, FLORIDA 33434	1.3 CITY, ST. ZIP	1.3 CITY, ST. ZIP	
4. TITLE	2.1 NAME	2.1 NAME	☐ Change ☐ Addition
5. NAME	2.2 STREET ADDRESS	2.2 STREET ADDRESS	
6. STREET ADDRESS	2.3 CITY, ST. ZIP	2.3 CITY, ST. ZIP	
7. CITY, ST. ZIP	3.1 NAME	3.1 NAME	☐ Change ☐ Addition
8. TITLE	3.2 NAME	3.2 NAME	
9. NAME	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
10. STREET ADDRESS	3.4 CITY, ST. ZIP	3.4 CITY, ST. ZIP	
11. CITY, ST. ZIP	4.1 NAME	4.1 NAME	☐ Change ☐ Addition
12. TITLE	4.2 NAME	4.2 NAME	
13. NAME	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
14. STREET ADDRESS	4.4 CITY, ST. ZIP	4.4 CITY, ST. ZIP	
15. CITY, ST. ZIP	5.1 NAME	5.1 NAME	☐ Change ☐ Addition
16. TITLE	5.2 NAME	5.2 NAME	
17. NAME	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
18. STREET ADDRESS	5.4 CITY, ST. ZIP	5.4 CITY, ST. ZIP	
19. CITY, ST. ZIP	6.1 NAME	6.1 NAME	☐ Change ☐ Addition
20. TITLE	6.2 NAME	6.2 NAME	
21. NAME	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
22. STREET ADDRESS	6.4 CITY, ST. ZIP	6.4 CITY, ST. ZIP	
23. CITY, ST. ZIP			

14. I hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Sections 19.02(3)(b), Florida Statutes. I further certify that the information included 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 fiduciary empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: SCOTT F. SMITH **SCOTT F. SMITH** **4/29/95 (407) 483-0242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR