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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400011660 (5)  CLUB FITNESS MANAGEMENT INC.								
rencipal Place of Business 9460 RICHMOND CIR BOCA RATON FL 33434		Malling Address  9460 RICHMOND CIR BOCA RATON FL 33434		I UBBIODI NO JOSH DIDU BRIN DRIK	TDMA DUIDI EIQI		<b>0 (</b> 1191) <b>( (</b> 110)	
			••		Date Incorporated or Qualified     02/08/1994	3a. Date <b>05</b>	of Last R <b>/01/19</b> {	•
Principal Place of Busin	1688	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0470863	·····		Not Applicable
		27 27			5. Certificate of Status Desired			Additional Required
Orty & State		City & State			Election Campaign Financing     Trust Fund Contribution			O May Be
Zq+	Country 25	Ζ(ρ) <b>29</b>	30 Co.	ntry	This corporation has liability for Florida Statutes	intangible tax	under s	199.032,
9, Name	and Address of Curren	nt Registered Agent			10. Name and Address of New F	Registered A	gent	
A				81 Name				
SMITH, SCOTT F 9460 RICHMOND (			82 Street Add	lress (P.O. Box Number is Not Acceptat	ole)			
BOCA RATON FL				83				
DOOM HATOR TE	<del></del>			A4 8			, ,	
				84 City		FL	85 Z	p Code
or registered agent, or familiar with land acce	both, in the State of Floridal the obligations of Sect	r and 607, 1508, Florida Statu da - Such change was authori lion 607,0505, Florida Statuto	tes, the abo zed by the i	ive-named corpo corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of char ointment as	nging its r egistered	registered offic d agent. I am
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14. Ldo 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 first 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 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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