

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000034706 (9)**

1. Corporation Name

KEY BISCAYNE FITNESS, INC.



Principal Place of Business

Mailing Address

**C/O DOWNTOWN ATHLETIC CLUB
200 S BISCAYNE BLVD., SUITE 15A
MIAMI FL 33131**

**C/O DOWNTOWN ATHLETIC CLUB
200 S BISCAYNE BLVD., SUITE 15A
MIAMI FL 33131**

2. Principal Place of Business

21 **909 Crandon Blvd.**

2a. Mailing Address

26 **909 Crandon Blvd.**

City, Apt. #, etc.

City, Apt. #, etc.

22 City & State

27 City & State

23 **Key Biscayne, FL**

28 City & State

24 **33149** 25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CARNEY, DAVID M
C/O DOWNTOWN ATHLETIC CLUB
200 S BISCAYNE BLVD., SUITE 15A
MIAMI FL 33131**

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0488145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0600 and 607.1500, 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: ☐ former owner, and accept the obligations of, Section 607.0600, Florida Statutes.

SIGNATURE

(If the corporation has this office, then the last two lines are not required.)

(If the Registered Agent's signature is required, then this line is required.)

DATE

12. OFFICERS AND DIRECTORS

11.1 NAME	D	☐ DELETE
11.2 NAME	CARNEY, DAVID M	
11.3 STREET ADDRESS	200 S BISCAYNE BLVD. SUITE 15A	
11.4 CITY, ST, ZIP	MIAMI FL 33131	
11.5 NAME	D	☐ DELETE
11.6 NAME	SMITH, STEPHEN J	
11.7 STREET ADDRESS	1001 DEAL ROAD	
11.8 CITY, ST, ZIP	OCEAN NJ 07712	
11.9 NAME		☐ DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY, ST, ZIP		
11.13 NAME		☐ DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY, ST, ZIP		
11.17 NAME		☐ DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form 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 member 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E034 (12/95)

300-579-1240
1/27/96