

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000079304 (9)**

1. Corporation Name

**ATHLETIC INDUSTRIAL MEDICINE ENTERPRISES, INC.**



Principal Place of Business

**1400 GANDY BLVD., STE. 704  
ST. PETERSBURG FL 33702**

Mailing Address

**1400 GANDY BLVD., STE. 704  
ST. PETERSBURG FL 33702**

*NOTE - NEW ADDRESS.*

2. Principal Place of Business

21 **4905 34th ST, SO**

Suite, Apt. #, etc

22 **#322**

City & State

23 **ST. PETERSBURG, FL.**

24 **33711**

Country

2a. Mailing Address

26 **4905 34th ST, SO,**

Suite, Apt. #, etc

27 **#322**

City & State

28 **ST. PETERSBURG, FL.**

29 **33711**

Country

3. Date Incorporated or Qualified

**10/21/1994**

3a. Date of Last Report

**02/23/1995**

4. FEI Number

**59-3290946**

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

9. Name and Address of Current Registered Agent

**KERMODE, LEE R  
1400 GANDY BLVD., STE. 704  
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4905 34th Street S. #322**

83 **St. Petersburg, Fl 33711**

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 date approved

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>D KERMODE, LEE R</b>	<b>1400 GANDY BLVD., STE. 704</b>	<b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>4905 34th Street S. #322</b>	<b>St. Petersburg, Fl 33711</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address

SIGNATURE: *Lee R. Kermode, PRESIDENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/18/96 (941) 729-7375*  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)