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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 24 1997 8:00am Secretary of State

DOCUMENT # P95000048998 (5) NAUTILUS FAMILY FITNESS, INC.								
icipal Place	e of Business	Mailing Address				ICHA BERIN MUNICI I		Dj (D(6 1981
5 N. MILITA St Palm B	ARY TR. Beach fl 33409	P.O. BOX 1775 BOCA RATON FL 33429-1775						
					3. Date Incorporated or Qualified	3e. Dat	e of Last F	Report
					06/22/1995		4/1996	юрон
Principal P	Naise of Business	2a. Mailing Address			4. FEI Number			oplied For
Suite Ant	# 610	Suite, Apt. #, etc.			65-0600522			ot Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		3 \$8.75 Additional Fee Required	
Orty & State	6	City & State		·	6. Election Campaign Financing			May Be
Zφ	Country	7 _{IP}	Country	N	Trust Fund Contribution			to Fees
, i),	25	29	30	у	8. This corporation has liability for Florida Statutes	r intangible t		199.032
	9. Name and Address of Curre				10. Name and Address of New Re	egistered A	gent	
COI	RPORATION SERVICE COMPAN	NY .	81	Name				
	1 HAYS STREET		82 Street Add		dress (P.O. Box Number is Not Accepta	ible)		
TAL	LAHASSEE FL 32301-2525		83	J				
			-		····-	··	T1'	
			84	City		FL.	85 Zip	Code
Pursuant I office or r agent. La SNATUBE	to the provisions of Sections 607.05 registered agent or both, in the Statum familiar with, and accept the oblining and the provision of the provisions and accept the control of the provisions and the provisions are the provisions and the provisions are the provisions and the provisions are the pr				poration submits this statement for the ation's board of directors. I hereby acce		changing i pintment as	ts registered registered
	OFFICERS A		OTE: Registered Ag	gent signature requ		purpose of opt the appoint the pare CERS AND		RS IN 12
E E	OFFICERS AF	gort and life if applicable (N ND DIRECTORS	OTE: Registered Ag 13. 1.1 TITLE 1.2 NAME	gent signature roqu	ured when reinstaling)	purpose of opt the appoint the pare CERS AND	DIRECTO	3S IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 561 398859