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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name P95000050917 (0)

MGA FITNESS, INC.

Principal Place	of Business		tv	Mailing Address									
ONE EAST BROWARD BLVD. SUITE 1400 FORT LAUDERDALE FL 33301				ONE EAST BROWARD BLVD. SUITE 1400 FORT LAUDERDALE FL 33301									
								ſ	 Date Incorporated or Qualified 06/29/1995 	3a. Date	of Last R	eport	
2. Principal Place of Business				2a. Mailing Address				- T	4. FEI Number	~ r		Applied For	
21 Suite Ant the etc.				Strike Apt # etc					65-059253	3.1		Not Applicable	е
Suite, Apt. #, etc.				Suite, Apt. #, etc. [27]					5. Certificate of Status Desired			Additional Required	
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country			Zip Country			,		8. This corporation has liability for in	ntangible tax	under s	199.032	
24	25			29 30					Florida Statutes Yes				
	9. Name	and Address of Curr	ent Regi	stered Agent		L	г	1	Name and Address of New R	egistered A	gent		
FERNYA						81	Name						
	IRNI, RICH		١٥.			82	Street A	Address	(P.O. Box Number is Not Acceptable	e)			
% MADISON GROUP ASSOCIATES, INC. ONE E. BROWARD BLVD., SUITE 1400						83						·····	
	DERDALE I		,			63							
						84	City			FL	1 1 '	o Code	\exists
or registers	eo agent, or	DOM, IN the State of the	onda, Suc	07.1508, Florida Statute th change was authorize 7.0505, Florida Statutes	ea by the (corp	named co oration's	prporation board of	n submits this statement for the purp f directors. Thereby accept the appo	oose of char intment as r	ging its registered	egistered offic agent. I am	ре
SIGNATURE		-											
12.	Signature, typed	or printed hame of registored ag			f: Registered 13.	i Agen	it signature re	equired whe	THE REAL PROPERTY OF THE PERSON OF THE PERSO	DATE OFFICE AND I	WDEAT O		<u>(</u>
TITLE	OFFICERS AND DIFFECTORS								ADDITIONS/CHANGES TO OFFI			Addition	CR2F034 (12/95)
NAME				() pricit				LERAYORNI, RICHARD J.			Anamon	=	
STREET ADDRESS							ADDRESS	I E. BROWARD BWD. STE, 1400					8
CITY-ST-ZIP							T-ZIP	FT. LAUDERDALE, FL 33301			,	E	
TITLE				DELETE				P			Change	Addition	⊢შ
NAME					22 N	AME			TRUPP HARELA				
STREET ADDRESS					235	TREET	ADDRESS	IE	TCHER, HAROLD BLU	U. . > = =	~ ut-		
CITY-ST-ZIP					240	ITY-\$	II - ZIP	₹≂τ	LAUDERD ALE,	F1. 3	5,140 2,20	אר אר	
TITLE				DELETE	3 1 1	ITLE					Change	Addition	
NAME					3 2 N	AME	F						
STREET ADDRESS					3.3. S	TREET	ADDRESS						
CITY - ST - ZIP					3.4 C	TY-S	1 - ZIP						
TITLE				DELETE	4.17	ITLE					Change	Addition	
NAME					4.2 N								
STREET ADDRESS					4.3 \$	IREET	ADDRESS						
CITY-S1-ZIP				FT) for the			1 - ZIP						
TITLE				DELETE	5.11						Change	Addition	
NAME CADECA ADDRESS					. 52 N								
STREET ADDRESS					l l		ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.4 C		1-2IP				Ch	F-1 12:00	_
NAME				[] Dereie	6.11					₽	Change	Addition	
STREET ADDRESS					6.2 N		ADDRESS						
CITY-SI-ZIP							ADDRESS						
14. I do hereby	l y certify that	the information supplie	davith this	s filing is voluntarily furni	6.4 Cl ished and	d049	1-ZIP s not ouel	lify for th	e exemption stated in Section 110 C	17/31/k) Florid	to Ctal. +	or I further	
certify that oath; that I appears in	the informat Lam an office Block 12 or	ion indicated on this of er or director of the col Block 13 if changed, c	rual repo poration o run an at	ort or supplemental annual or the receiver or trusted trackment with an adam	ual report i Zempowe ess.	s tru red t	e and acc to execute	curate ar e this rep	e exemption stated in Section 119.0 not that my signature shall have the s port as required by Chapter 607, Flo	same legal el rida Statutes	fect as if and the	made under it my name	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 30 96

305-463-0777