

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000066906 (5)**

1. Corporation Name

FAMILY FITNESS, INC.



Principal Place of Business Mailing Address

**4300 40TH ST S
ST PETERSBURG FL 33711**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

Applied For
Not Applicable

4. FEI Number

59-3343643

**\$8.75 Additional
Fee Required**

5. Certificate of Status Desired

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

**6. Election Campaign Financing
Trust Fund Contribution**

**7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes**

□ Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MCCLURE, B. J. ESQ.

**4300 40TH ST S
ST PETERSBURG FL 33711**

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 607.0502 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

Sign or type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	1.1 TITLE	□ Change □ Addition
TITLE	DP	1.2 NAME	
NAME	RODGERS, JEFF D	1.3 STREET ADDRESS	
STREET ADDRESS	465 PINELLAS BAYWAY #307	1.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST PETERSBURG FL 33715		
TITLE	DST	2.1 TITLE	□ Change □ Addition
NAME	MCCLURE, B.J.	2.2 NAME	
STREET ADDRESS	4300 40TH ST S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	□ Change □ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	□ Change □ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	□ Change □ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	□ Change □ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 813-864-3162

Daytime Phone #

CR2E034 (12/95)