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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEP**AR**TMENT OF STATE Sandra B. Mortham Secretary of State

	1996	3	D	IVISION OF CO	RPORATIO	ONS								
DOCUMENT # P95000073370 (5)  TOTAL FITNIS ENTERPRISES, INC.												na scana' kulu dil	. ho # <b>#</b> 44 ( <b>##</b> 1	
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							3.		/1995	moo				
	Di internation	winger	2a. Mailing.	Address			4.	FEL Num	iher	OF		<b></b>	Applied For	
Principal Place of Business     1			26						33345				Not Applicab Additional	1e
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				Certifica	ite of Status Desir	ed			Required	
22			City & State				6. Election Campaign Financing						<b>D</b> Мау Ве	
23	City & State		28	28			Trust Fund Contribution  8. This corporation has liability for intangible					Added to Fees		
23	Z <sub>1</sub> ç)	Country	Zφ			Country			poration has liabl Statutes	ity for if	No No	ax under s	133,002,	- 1
24		25	29		30				and Address of		egistered	Agent		
	9, N	lame and Address of Cu	irrent Registered A	Agur	8	1 Name								
					8:	2 Street Ad	ddress (F	<sup>3</sup> .Q. Box	Number is Not Ac	ceptab	le)	C 1	. 1100	
NISBERG, ALAN 8406 BLACKŞTONE COURT							Con	intrery	Cimpbell	Cau	isewary	Jant	ę 1100	
	TAMPA FL 336	ONE COOK!			8	3						721 4	- Oada	
ł	•		84 City -			PA			FI	L  85   3	10 Code -	)		
		provisions of Sections 607 int, or both, in the State of accept the obligations of,							this statement for I hereby accept t	the app	rpose of Cr ointment a	nanging its is registered	d agent. I an	n
S	SIGNATURE Signature	e, typed or ported name of registers	of agent and title if applicable	ont and title if applicable (NOTE: Registered Agent a greature re			gured when	ADDITI	ONS/CHANGES	TO OFF		ND DIRECTO	ORS IN 12	
	2.1	OFFICER	S AND DIRECTORS	DELETE	1. 1 7111	LE	P, VP,	T. 5	P			Change	Additi	on
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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 certify 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 19 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 281-1100 ×220 Daytime Phone #

CR2E034 (12/95)