

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000011616 (5)

1. Corporation Name

HAWTHORNE FITNESS CENTER, INC.

Principal Place of Business

1311 NW 6TH AVE
HAWTHORNE FL 32640

Mailing Address

1311 NW 6TH AVE
HAWTHORNE FL 32640

FILED
Mar 02 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	1/2 Susan V Palmer
22	City & State	27	PO Box 1565
23	Zip	28	Hawthorne, FL
24	Country	29	32640-1565
25		30	US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PALMER, ANDREW J 1311 NW 6TH AVE HAWTHORNE FL 32640		B1 Name Susan V Palmer B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 Susan V Palmer DATE 2-26-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PALMER, ANDREW J	1.1 TITLE	
NAME	1311 NW 6TH AVE	1.2 NAME	
STREET ADDRESS	HAWTHORNE FL 32640	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PALMER, SUSAN V	2.1 TITLE	
NAME	1311 NW 6TH AVE	2.2 NAME	
STREET ADDRESS	HAWTHORNE FL 32640	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Susan V Palmer DATE 2-26-98 352-481-2455

CR2E034 (10/97)