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AND
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96 APR 27 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mathum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 96000049520
1. Corporation Name
**ADVANCED FITNESS EQUIPMENT OF CENTRAL
FLORIDA, INC.**

Principal Place of Business Mailing Address
**4830 Northwest 43 Street Suite D59
Gainesville, Florida 32609**

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country 29. Zip 30. Country

3. Date Incorporated or Qualified 3a. Date of Last Report
November 2, 1995
4. FEI Number **59-3341629** Applied For
Not Applicable
5. Certificate of Status Limited ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYFR, CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134
c/o Lawrence J. Spiegel

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, to 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 provisions of, Section 607.0606, Florida Statutes.

SIGNATURE **By: [Signature] Vice President** DATE **4/24/96**

12. OFFICERS AND DIRECTORS
TITLE **PSTD** ☐ DELETE
NAME **David L. McManus**
STREET ADDRESS **4830 Northwest 43 Street, Suite D59**
CITY-ST-ZIP **Gainesville, Florida 32609**
☐ DELETE
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:
☐ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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(2)(b), 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: **20-J 62:01 96:07 JdH**

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4/24/96