

P 96 0000 61781

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Fitness Options of Emerald Inc

	CC, FEE	DISBURSED
Capital Express™		
✓ Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
✓ () Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U B-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

P. CHESLER JUL 24 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/24		
TIME	7:30		CK No. _____
BY	77		

WALK-IN
Will Pick Up _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION
of
FITNESS OPTIONS OF SARASOTA, INC.

FILED
95 JUL 24 AM 10:31
HILPASEE, FLORIDA

FIRST:

The name of the Corporation shall be FITNESS OPTIONS OF SARASOTA, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of FITNESS OPTIONS OF SARASOTA, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

7/23/95
(Date)

Stanley A. Goldsmith
Stanley A. Goldsmith

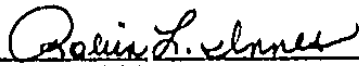
SEVENTH:

The initial Board of Directors of the corporation shall consist of one (1) member:

ROBIN L. INNES
3520 Mincola Drive
Sarasota, Florida 34239

EIGHTH:

The incorporator of FITNESS OPTIONS OF SARASOTA, INC., who by her signature hereby acknowledges the adoption of these Articles of Incorporation, is:


ROBIN L. INNES
3520 Mincola Drive
Sarasota, Florida 34239


FILED
96 JUL 24 AM 10:31
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of FITNESS OPTIONS OF SARASOTA, INC., were acknowledged before me this 23rd day of July, 1996, by STANLEY A. GOLDSMITH as registered agent. He is personally known to me or has produced W/C as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878


Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____,
and my commission expires on _____.

The foregoing Articles of Incorporation of FITNESS OPTIONS OF SARASOTA, INC., were acknowledged before me this 23rd day of July, 1996, by ROBIN L. INNES, as incorporator. She is personally known to me or has produced FL DL # 1520 132 650 0 as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878


Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____,
and my commission expires on _____.