

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

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AND  
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1997 MAY -1 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000073971			
1. Corporation Name Crescent Fitness Center, Inc.			
Principal Place of Business 10618 Highway 301 Dade City, FL 33525		Mailing Address 10618 Highway 301 Dade City, FL 33525	
21. Principal Place of Business 21 10618 Highway 301 Suite, Apt. #, etc.	2a. Mailing Address 2a 10618 Highway 301 Suite, Apt. #, etc.	22. City & State 22 Dade City, FL	2b. City & State 2b Dade City, FL
23. Zip 23 33525	24. Country 24 USA	25. Zip 25 33525	26. Country 26 USA
9. Name and Address of Current Registered Agent Vance L. Milton 13920 5th Street Dade City, FL 33525		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10618 Highway 301 83 84 City Dade City 86 Zip Code FL 33525	
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE <i>Vance L. Milton</i> DATE 4/30/97			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vance L. Milton 13920 5th Street Dade City, FL 33525 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Vance L. Milton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10618 Highway 301 Dade City, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Debra G. Milton 13920 5th Street Dade City, FL 33525 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Debra G Milton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10618 Highway 301 Dade City, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	800002165528 -05/06/97--01137--021 ***165.00 ***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Debra G. Milton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/97 352-518-0550 Date Daytime Phone #	

CR2E034 (9/96)