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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073971 (9)

CRESCENT FITNESS CENTER, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			}				
10818 HIGHWAY 301 DADE CITY FL 33525		10618 HIGHWAY 301 DADE CITY FL 33525							
UNDE CITI FI	L 33525	DADE GITT PE 33323			1	DO NOT WRIT	E IN THIS S	PACE	
					3.	Date Incorporated or Qualified			
					-	09/03/1996			
9 Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			pplied For
	ace of Dusiness	—			"	65-0724173			ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				00 0724110	F==4		Additional
22		 			5.	Certificate of Status Desired			equired
City & State		City & State	City & State			Election Campaign Financing			
		<u></u>	<u>├</u> ¬ '			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country Zip					This corporation owes or has p			
Zip	<u>⊢</u> ¬ '	· · · · · · · · · · · · · · · · · · ·	Country	y		Personal Property Tax due Jun			∏ No
24	25 25 Name and Address of Curre	29	30			Name and Address of New R			
AAH	<u> Z</u>	MIL DEGISTERED AGENT	81	Nan		Tallio dila ricalia di Citati			
	TON, VANCE L		1	''`					
13920 5TH STREET			82	Stre	et Address (P	O. Box Number is Not Accepta	ble)		
DAI	DE CITY FL 33525		-						
			[83	1					
			84	City	-			85 Zip	Code
			i				<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Stal	02 and 607.1508, Florida Statu	ites, the abov	e-nam	ed corporation	n submits this statement for the	purpose of	changing	its registered
Office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	ge of Florida. Such change was gations of, Section 607.0505, F	lorida Statute	yt⊓ert !S.	.orporation's b	soard of directors. Thereby acce	shr trie app	Jiitinon as	s registored
SIGNATURE	Signature, typed or printed name of registered a	gent and the if applicable (NC	TE: Registered Ag	ent signa	ture required when		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		F	ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	D	DELETE	1.1 TITLE					Change	Addition
NAME	MILTON, VANCE L		1.2 NAME		-				
STREET ADDRESS	10618 HIGHWAY 301		1.3 STREE	1 ADDRES	ss				
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY -	SI-ZIP	-				ļ
TITLE	PD	☐ DELETE	2.1 TITLE		1			Change	Addition
NAME	MILTON, DEBRA G		2.2 NAME		1				
STREET ADDRESS	10618 HIGHWAY 301		2.3 STREE		ec				ł
1	DADE CITY FL 33525					••	•		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	31-71				Change	Addition
1			3.2 NAME						_
NAME									
STREET ADDRESS			3.3 STREE		»				
CITY-ST-ZIP		DELETE	3.4. CITY -	ST-ZIP				Change	☐ Addition
TITLE .		☐ DELETE	4.1 TITLE						L Addition
NAME			4. 2 NAME						
STREET ADDRESS			4 3 STREE	T ADDRE	šS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			 .		
TITLE		DELETE	51 TITLE		1			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		DELETE	61 TITLE					Change	☐ Addition
NAME		_	6.2 NAME			•			
1			6.3 STREE		ec				
STREET ADDRESS					,u				
CITY-ST-ZIP	L <u>., </u>		6.4 CITY-		 	on 110 07(3Vi) Florida Statutos	1 from an an	ملغ مع ماد باکام	a information

Thereby 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 informatio 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 recoiver 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.

(352) 518-0550