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

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000031215

BFIT REHAB OF KENDALL, INC.

Principal Place of Business Mailing Address							1 IMPLIANT SIR INST. SMALL MASSE MASSE MASSE MASSE STANDARD STANDA		
8700 W BRYN MAWR AVENUE 2ND FLOOR		2ND	8700 W BRYN MAWR AVENUE 2ND FLOOR				DO NOT WRITE IN THIS SPACE		
CHICAGO IL 60	0631	CHIC	CHICAGO IL 60631				3. Date Incorporated or Qualifed		
							04/07/1997	1	
		Ta	Marillian Address		—		4. FEI Number Applied Fe		
—¬ `	Place of Business	$\vdash$	Mailing Address				36-4154172   Not Applied PA	}	
21		26	Cuita Aat # ata				\$8.75 Addition		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
City & Stat			City & State				6 Election Campaign Financing \$5.00 May Re		
<del></del>	ie.	28	on, a ondio				Trust Fund Contribution Added to Fees		
23   Zip	Country		Zip	Coun	try		8. This corporation owes the current year Intangible		
24	25	29	· ·	30	•		Personal Property Tax.  Yes No		
24]	9. Name and Address of Current	صلتتلب		<del>55</del> 1			10. Name and Address of New Registered Agent		
	Traine disarragion of the contract of the cont		<u> </u>		81	Name	<del></del>	_	
CT	CORPORATION SYSTEM			Ļ	82		(D.O. D. Wheeler in Net Apparents)		
1200	) South Pine Island Road					Street Add	Address (P.O. Box Number is Not Acceptable)		
PLAI	ntation FL 33324			ļ	В3				
				L			No.   7 - O.		
				ļ	84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute	s, the ab	ove	e-named cor	poration submits this statement for the purpose of changing its register	red	
office or I	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida	a. Such change was at	uthonzed	ו עם	the corporat	tion's board of directors. I hereby accept the appointment as registered	3	
_		ions oi,	Section 907.0305, Flor	ida Statu	. <del></del>	•		1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOTE:	Registered A	gent	t signature requir	red when reinstating) DATE	- ]	
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D		☐ DELETE	1.1 TM	E		Change A	ddition	
NAME	HILLMAN, LEE S			1.2 NA	Æ	)		- }	
STREET ADDRESS	8700 W BRYN MAWR AVENUE			1.3 STF	EET	ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60631			1.4 CIT	r-st	T-ZIP			
TITLE	D		☐ DELETE	2.1 TITL	E		☐ Change ☐ A	ddition	
NAME	DWYER, JOHN W			2.2 NA	Æ.				
STREET ADDRESS	8700 W BRYN MAWR AVENUE			2.3 STF	EET	ADDRESS		1	
CITY-ST-ZIP	CHICAGO IL 60631			2. 4 CIT	Y• S	T-ZIP			
TITLE	D		☐ DELETE	3.1 ПП			☐ Change ☐ A	ddition	
NAME	GAAN, CARY A			3.2 NA	Æ			-	
STREET ADDRESS	AZAA MUDDIVALAMAD AUCABIE			3.3 STF	EET	ADDRESS		İ	
CITY-ST-ZIP	CHICAGO IL 60631			3.4. CIT		- 1			
TITLE			☐ DELETE	4,1 TM			☐ Change ☐ A	ddition	
NAME	1			4. 2 NA	ME	1		{	
STREET ADDRESS				4.3 STF	EET	ADDRESS			
CITY-ST-ZIP	see attatence	1		4.4 CIT					
TITLE			DELETE	5.1 TITL			☐ Change ☐ A	Addition	
NAME	)			5.2 NA	Æ				
STREET ADDRESS				5.3 STF	EET	ADDRESS		1	
CITY-ST-ZIP	Ί			5.4 CIT		i i			
TITLE	J				1-01				
			DELETE	6.1 TITL		-+	☐ Change ☐ A	ddition	
NAME			☐ DELETE	6.1 TITU	Ē		☐ Change ☐ A	ddition	

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

May 11, 1999 8:00 am Secretary of State

05-11-1999 90034 011 \*\*\*150.00

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773-380-3000

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## Bally Total Fitness Corporation Lists of Officers As of 4/27/99

544993-90034-11 P97000031215

1.	Lee S. Hillman 8700 W. Bryn Mawr Ave.	President and Chief Executive Officer Chicago, IL. 60631	(773)380-3000
2.	Cary A. Gaan 8700 W. Bryn Mawr Ave.	Senior Vice President and Secretary Chicago, IL. 60631	(773)380-3000
3.	John W. Dwyer 8700 W. Bryn Mawr Ave.	Senior Vice President, CFO and Treasurer Chicago, IL. 60631	(773)380-3000
4.	Linda B. Motz 8700 W. Bryn Mawr Ave.	•	(773)380-3000
5.	Earl Acquaviva 300 E. Joppa Towson, M		(410)296-8800
6.	Albert Barsky 8700 W. Bryn Mawr Ave.		(773)380-3000
7.	Susan R. Rehorst 8700 W. Bryn Mawr Ave.		(773)380-3000