

DOCUMENT # P98000094648

1. Entity Name

WATERFRONT FAMILY FITNESS, INC.



Principal Place of Business

10377 SO. US HWY 1
PT. LUCIE, FL 34952

Mailing Address

901 DONALD ROSS RD
JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



04282004

No Chg-P

CFR2E034 (10/03)

4. FEI Number

65-0903318

Applied For	
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Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURDETT, F R
901 DONALD ROSS RD
JUNO BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signal/Re, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	BURDETT, FRED R
STREET ADDRESS	901 DONALD ROSS RD.
CITY- ST-ZIP	JUNO BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/50/14-5092-123 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004

Q51

Daytime Phone # _____