

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 MAY 11 PM 4:29

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murdick  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S95653** (9)  
1. Corporation Name  
**MELBOURNE ATHLETIC CLUB, INC.**

Principal Place of Business: 1411 HIGHLAND AVE MELBOURNE FL 32901  
Mailing Address: 1411 HIGHLAND AVE MELBOURNE FL 32901

**400001504344**  
-06/02/95--01022--020  
\*\*\*\*\*400.00 \*\*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/19/1991	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		NOT APPLICABLE	Not Applicable
24 Zip	25 County	29 Zip	30 County	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32935		32935		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				7. This Corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CATHERINE HART  
% MELBOURNE ATHLETIC CLUB  
1411 HIGHLAND AVENUE  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Type or print name of registered agent and title if applicable) \_\_\_\_\_ (Type Registered Agent signature if registered agent is not changing) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, KEVIN G.	12 NAME	Delete
STREET ADDRESS	1411 HIGHLAND AVE	13 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, CATHERINE A.	22 NAME	
STREET ADDRESS	1411 HIGHLAND AVE	23 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 as requested, or on an attachment with an address.

SIGNATURE: *Kevin G. Hart*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

*RW*