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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

V66469 (o)

DOCUMENT #
1. Corporation Name

A PLA	CE FOR FITNESS, INC	•			
Principa: Place o 10397 SO ROYAL PA	MUTHERN BOULEVARD	Mailing Address 10397 SOUTHERN ROYAL PAIM BEA		3. Date incorporated or Qualified	3a. Date of Last Report
				09/25/1992	04/04/1995
		2a. Mailing Address		4. FEI Number	Applied For
2. Principa: P.ac	ce of Business	26 10323 SOUTS	ERN BOULEVAR	D 65-0361983	Not Applicable
21 10323 Suite, Apt. #,	SOUTHERN BOULEVARD etc	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PALM BEACH, FL	City & State ROYAL PALM	BEACH, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 33411	Country 30 USA	8. This corporation has liability for Florida Statutes Yes	<b>∑</b> No
24 33411	9. Name and Address of Current			10. Name and Address of New Ro	egistered Agent
	9. Name and Address of Coffeet	negistores rigen.	81 Name	Patricia Balch	
ARLE	, DIANE L.		82 Street Add		ble)
1039	7 SOUTHERN BOULEVAR	)	Street Add	dress (P.O. Box Number is Not Accepta 10323 Southern Boul	evard
	L PALM BEACH, FL 33		83		
MIM	B individually 12 of		84 City		FL 85 Zip Code 33411
				Royal Palm Beach	FL   33411
SIGNATURE S	Hamilia Joya, and accept the obligation of the special of the spec	and fill out applicable (NO	orida Statutes.  ATRICIA  1: Registered Agent signature rec  13.	proporation submills this statement for the ration's board of directors. I hereby according to the proporation of the proporati	DATE ICERS AND DIRECTORS IN 12
12.	P	[ ] DELETE	1.11016		Change Addition
T*TLE	MILLER, ROBERT L.		1.2 NAME		
NAME STREET ADDRESS	10397 SOUTHERN BLV	D.	1.3 STREET ADDRESS	1000018 -05/07/9601	1,1 7,1,1
CITY-ST-ZIP	ROYAL PALM BEACH F		1.4 CITY - ST - ZIP		Change Addition
THUE	V	DELETE	2 1 HITLE	***200.00	L_3 Change L_3 Addition
NAME	AUSTIN, CHRISTOPHE	R M.	2 2 NAME		
STREET ADDRESS	10397 SOUTHERN BLV		2 3 STREET ADDRESS		ļ
CITY-ST-ZIP	ROYAL PALM BEACH F	Τ	2.4 CITY - ST - ZIP	C/D	Change / Addit on
TITLE	ST	X DELETE	3 1 TITLE	ST PATRICIA BALCH	
NAME 4	ABLE, DIANE L.		3.2 NAME	10323 SOUTHERN BOULE	NARD
STREET ADDRESS	10397 SOUTHERN BLA	7D.	3.3 STREET ADDRESS	ROYAL PAIM BEACH, FI	
CITY-ST-ZIP	ROYAL PALM BEACH I	T	3.4 CITY-ST-7IP		Change XXAddition
TITLE	]	[] DELETE		VP PHIL WESCOTT	
NAME	j		4.2 NAME	10323 SOUTRERN BOUL	EVARD
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CITY - ST - ZIP		DELETE	5 1 TITLE	103111 1111 1321 1011	Change Addition
TITLE		ר ו סרנגונ	5 2 NAME		-1 19 L.
NAME			53 STREET ADDRESS		シレノ ファ
STREET ADDRESS			5 4 CITY - ST - ZIP		
CHY-ST-ZIP		DELETE	6 1 TITLE		Change Addition
TITLE	1	FT 25.11.	6.2 NAME		
NAME			63 STREET ADDRESS		
STREET ADDRESS			1 1 0 1 1 0 T 2 1 0		Control Service Control
CHY-ST-ZIP	by certify that the information supplie	d with this filing is voluntarily	furnished and does not	qualify for the exemption stated in Sect	ion 119.07(3)(k). Florida Statutes. I shall have the same legal effect as if

I do hereby certify that the information supplied with this image is voorlamly transfer and that my signature shall have the same legal effect as it further certify that the information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as it further certify that the information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as it further certify that it are an other conditional transfer and that my signature shall have the same legal effect as it further certify that it are an other certification indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as it further certify that it is information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as it further certify that it is information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in the same legal effect as it further certified in t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Balch

4/25/96

(407) 790-1414

Date