

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

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Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morfham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V66469** (0)

1. Corporation Name  
**A PLACE FOR FITNESS, INC.**



Principal Place of Business <b>10323 SOUTHERN BOULEVARD ROYAL PALM BEACH FL 33411</b>	Mailing Address <b>10323 SOUTHERN BOULEVARD ROYAL PALM BEACH FL 33411-4338</b>
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3. Date Incorporated or Qualified <b>09/25/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>18679 SE Federal Highway</b> Suite, Apt. #, etc. 22 <b>Tequesta, FL 33469</b> City & State 23 Zip Country 24	2a. Mailing Address 26 <b>18679 SE Federal Highway</b> Suite, Apt. #, etc. 27 <b>Tequesta, FL 33469</b> City & State 28 Zip Country 29	4. FEI Number <b>65-0361983</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BALCH, PATRICIA**  
**10397 SOUTHERN BLVD**  
**ROYAL PALM BCH. FL 33411**

10. Name and Address of New Registered Agent

81 Name <b>Rubenfeld, Daren, Esq.</b>	85 Zip Code <b>33469</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>18679 SE Federal Highway</b>	
83	
84 City <b>Tequesta</b>	FL

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:  **DAREN RUBENFELD** 4/15/97  
Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MILLER, ROBERT L. 10397 SOUTHERN BLVD. ROYAL PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PS Miller, Robert L. 18679 SE Federal Highway Tequesta, FL 33469</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V AUSTIN, CHRISTOPHER M. 10397 SOUTHERN BLVD. ROYAL PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VT Zboril, Jim 18679 SE Federal Highway Tequesta, FL 33469</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BALCH, PATRICIA 10397 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>V Rubinfeld, Daren, Esq. 18679 SE Federal Highway Tequesta, FL 33469</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V WESCOTT, PHIL 10397 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>V Austin, Christopher 18679 SE Federal Highway Tequesta, FL 33469</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  **DAREN RUBENFELD** 4/15/97 561-743-0014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0305886

CR2E034 (9/96)