

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V70569** (1)

1. Corporation Name
TEAM FITNESS INC.



Principal Place of Business: **306 NORTH NOVA ROAD ORMOND BEACH FL 32174**
Mailing Address: **306 NORTH NOVA ROAD ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3148283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 306 N. NOVA RD Suite, Apt. #, etc.	2a. Mailing Address 26 306 N. NOVA RD Suite, Apt. #, etc.
22 City & State Ormond Beach Fla	27 <input checked="" type="checkbox"/>
23 Zip 32174	28 City & State Ormond Beach Fla.
24 Country Vol.	29 Zip 32174
25 Country Vol.	30 Country Vol.

9. Name and Address of Current Registered Agent CARTER, BRIAN J. 306 N. NOVE RD ORMOND BCH FL 32174		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, BRIAN	1.2 NAME	
STREET ADDRESS	306 NORTH NOVA ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	1.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, BRIAN J.	2.2 NAME	
STREET ADDRESS	1006 BIG OAKS BLVD	2.3 STREET ADDRESS	
CITY- ST- ZIP	OVLEO FL	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTINIL, ROCCO	3.2 NAME	
STREET ADDRESS	306 NORTH NOVA ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed, or in an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)