

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P93000040468 (9)**

1. Corporation Name  
**ATHLETIC ADDICT CORPORATION**



Principal Place of Business: **1574 WASHINGTON AVE MIAMI BCH FL 33139 US**  
Mailing Address: **600 N.E. 36TH STREET SUITE 1523 MIAMI-FL 33137**

3. Date Incorporated or Qualified: **06/08/1993**  
3a. Date of Last Report: **02/01/1995**  
4. FEI Number: **65-0424213**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 1574 WASHINGTON AVE**  
Suite, Apt. #, etc.: **22**  
City & State: **23 MIAMI BEACH, FL**  
Zip: **24 33139** Country: **25**  
2a. Mailing Address: **26 600 N.E. 36TH STREET SUITE 1523 MIAMI-FL 33137**  
Suite, Apt. #, etc.: **27**  
City & State: **28 MIAMI BEACH, FL**  
Zip: **29 33139** Country: **30**

**9. Name and Address of Current Registered Agent**

**FORTUNE, JOHN  
1644 LENOX AVENUE  
MIAMI BEACH, FL**

**10. Name and Address of New Registered Agent**

81 Name: **LAYNE HARRIS**  
82 Street Address (P.O. Box Number is Not Acceptable): **1574 WASHINGTON AVE**  
83  
84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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: **Layne Harris**  
Signature typed or printed name of registered agent and the agent.

**6-10-96**  
DATE

(Print) Registered Agent signature and date of registration

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>HARRIS, LAYNE</b>	
STREET ADDRESS	<b>600 N.E. 36TH STREET, SUITE 1523</b>	
CITY - ST - ZIP	<b>MIAMI FL 33137</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 changed, or on an attachment with an address.

SIGNATURE: **Layne Harris**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-10-96**  
DATE

CR2E034 (12/95)