

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004862 (7)
1. Corporation Name
SHAKE-A-LEG MIAMI, INC.



Principal Place of Business
**2600 S BAYSHORE DRIVE
MIAMI FL 33133**

Mailing Address
**2600 S BAYSHORE DRIVE
MIAMI FL 33133**

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
N/A

21. Principal Place of Business
26. Mailing Address

22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

23. City & State
28. City & State

24. Zip
25. Country
29. Zip
30. Country

4. FEI Number
65-0611917

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REVELL, WALTER L.
% H. J. ROSS ASSOCIATES, INC.
3770 SW 8TH STREET, SUITE 200
CORAL GABLES FL 33114-6011**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN "D" <input type="checkbox"/> DELETE
NAME	WILLIAM MAUK
STREET ADDRESS	7600 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	CHAIRMAN "D" <input type="checkbox"/> DELETE
NAME	BART GREEN, MD
STREET ADDRESS	620 SABAL PALM ROAD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	ROGER ROSENBERGER
STREET ADDRESS	14500 SW 94 CT.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	HARRY R. HORGAN
STREET ADDRESS	3060 SW 472 AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DIRECTOR "D" <input type="checkbox"/> DELETE
NAME	WALTER L. REVELL
STREET ADDRESS	3770 SW 8th St Suite 200
CITY-ST-ZIP	CORAL GABLES, FL 33114-6011
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	000001832440
43. STREET ADDRESS	-05/21/96--01104--003
44. CITY-ST-ZIP	***70.00
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HARRY R. HORGAN** PRES **HARRY R. HORGAN** 4/24/96 305 858-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)