

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000004862 (7)**

1. Corporation Name  
**SHAKE-A-LEG MIAMI, INC.**



Principal Place of Business <b>2800 S BAYSHORE DRIVE MIAMI FL 33133</b>	Mailing Address <b>2600 S BAYSHORE DRIVE MIAMI FL 33133</b>
--	--

3. Date Incorporated or Qualified <b>09/29/1995</b>	
4. FEI Number <b>65-0611917</b>	Applied For <input type="checkbox"/> 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**REVELL, WALTER L.  
% H. J. ROSS ASSOCIATES, INC.  
3770 SW 8TH STREET, SUITE 200  
CORAL GABLES FL 33134-6011**

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 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUK, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>7800 CORPORATE CENTER DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, BARTH</b>	2.2 NAME	
STREET ADDRESS	<b>620 SABAL PALM RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERGER, ROGER</b>	3.2 NAME	
STREET ADDRESS	<b>14500 SW 94 CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORGAN, HARRY R.</b>	4.2 NAME	
STREET ADDRESS	<b>7901 SW 50 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REVELL, WALTER L.</b>	5.2 NAME	
STREET ADDRESS	<b>3770 SW 8TH ST., SUITE 200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33114-6011</b>	5.4 CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cannors, Mary J</b>	6.2 NAME	
STREET ADDRESS	<b>One Herald Plaza</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **4/25/98**

CR2E037 (10/97)