


FILED
May 10, 1999 8:00 am
Secretary of State

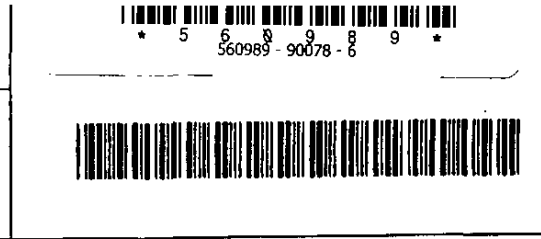
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004862

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/29/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0611917
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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. City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Director	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAUK, WILLIAM		1.2 NAME LOIS PACAN	
STREET ADDRESS 7600 CORPORATE CENTER DR.		1.3 STREET ADDRESS 1625 S. Bayshore Dr.	
CITY-ST-ZIP MIAMI FL 33126		1.4 CITY-ST-ZIP Miami, FL 33133	
TITLE Director	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, BARTH		2.2 NAME	
STREET ADDRESS 620 SABAL PALM RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		2.4 CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENBERGER, ROGER		3.2 NAME	
STREET ADDRESS 14500 SW 94 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176		3.4 CITY-ST-ZIP	
TITLE President	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORGAN, HARRY R.		4.2 NAME	
STREET ADDRESS 7901 SW 50 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE Director	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REVELL, WALTER L.		5.2 NAME	
STREET ADDRESS 3770 SW 8TH ST., SUITE 200		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33114-6011		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNORS, MARY J		6.2 NAME	
STREET ADDRESS ONE HERALD PLZ		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33132		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/29/99** Daytime Phone # **305-858-5550**

[Handwritten signatures]

CR2E037 (1/98)