

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092078 (1)
1. Corporation Name
JASPER FITNESS, INC.



Principal Place of Business 495 SOUTH NOVA ROAD SUITE 112 ORMOND BEACH FL 32174	Mailing Address 495 SOUTH NOVA ROAD SUITE 112 ORMOND BEACH FL 32174-8444
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3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3356180	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 150 LIMEWOOD PL Suite, Apt. #, etc. 22 # 2 City & State 23 ORMOND BEACH FL. Zip 24 32174	2a. Mailing Address 26 150 LIMEWOOD PL Suite, Apt. #, etc. 27 # 2 City & State 28 ORMOND BEACH FL. Zip 29 32174	Country 25 Volusia	Country 30 Volusia
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9. Name and Address of Current Registered Agent
**ROGERS, THOMAS
495 SOUTH NOVA ROAD
SUITE 112
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 150 LimeWOOD PL.
83	# 2
84 City ORMOND BEACH	85 Zip Code FL 32174

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROGERS, THOMAS	
STREET ADDRESS	495 SOUTH NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	ROGERS, ELISA L	
STREET ADDRESS	495 SOUTH NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	150 LimeWOOD PL # 2
1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	150 LimeWOOD PL. # 2
2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)