

FILE THIS ANNUAL REPORT FOR ANNUAL REPORT YEAR 1 TO 2000 ON FILE FILE NO. FILING FEE AFTER MAY 1 TO \$200.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED
 95 APR 21 AM 9:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **850189** (2)
 1. Corporation Name
JAZZERCISE, INC.

Principal Place of Business
**2808 ROOSEVELT STREET
 CARLSBAD CA 92008**

Mailing Address
**2808 ROOSEVELT STREET
 CARLSBAD CA 92008**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
 2a. Mailing Address
 21. Suits, Apt. #, etc. 26. Suits, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

3. Date Incorporated or Qualified **08/31/1981** 3a. Date of Last Report **06/16/1994**
 4. FEI Number **95-0430240** Applied For Not Applicable
 5. Certificate of Status Desired \$6.75 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. 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROBINSON, BARNETT, JR., ESQ.
 328 MINORCA AVE.
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 of 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 the # applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	WILKINS, ROBIN G.
STREET ADDRESS	2808 ROOSEVELT
CITY-ST-ZIP	CARLSBAD, CA 00000
TITLE	SD
NAME	STANTON, MARGARET P
STREET ADDRESS	2808 ROOSEVELT
CITY-ST-ZIP	CARLSBAD, CA 00000
TITLE	PD
NAME	MISSETT, JUDI SHEPPARD
STREET ADDRESS	2808 ROOSEVELT
CITY-ST-ZIP	CARLSBAD, CA 00000
TITLE	V
NAME	KINNEY, JAN
STREET ADDRESS	2808 ROOSEVELT
CITY-ST-ZIP	CARLSBAD, CA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *Sally Baldrige* **Sally Baldrige** 3/30/95 619-434-2101
 Signature and typed or printed name of signing officer or director (Title) (Typed Name)
Robin G. Wilkins **Robin G. Wilkins** Director of Acctg.