

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 23 PM 2: 23

DOCUMENT # **G27831**

G27831

1. Corporation Name

FUNercise, Inc.

Principal Place of Business

**3600 Lake Bayshore Dr.
Apt. 16R408
Bradenton, FL 34205**

Mailing Address

**3600 Lake Bayshore Dr.
Apt. 16R408
Bradenton, FL 34205**

500001964875
-10/04/96-01031-004
***225.00 ***225.00

2. Principal Place of Business

21 State Apt. # etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State Apt. # etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Organization
03/15/1983

3a. Date of Last Report
06/22/1995

4. FE Number
59-2446156

Applied For
Not Applicable

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 Gov't
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Angell, Robert M.
3600 Lake Bayshore Dr.
Apt. 16R408
Bradenton, FL 34205**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of the Florida Constitution and the Florida Statutes, the above named corporation is submitting this statement for the purpose of obtaining its registered
office and principal place of business in the State of Florida. The corporation is aware that if it fails to comply with the provisions of the Florida Statutes, it may be subject to
penalty and fines, or with and a suspension of its corporate status under the Florida Statutes.

SIGNATURE

12. Officer or Director

NAME

ADDRESS

CITY

STATE

ZIP

COUNTY

NAME

ADDRESS

CITY

STATE

ZIP

COUNTY

NAME

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CITY

STATE

ZIP

COUNTY

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ZIP

COUNTY

13. ADDITIONAL OFFICERS TO OFFER REGISTRATION FEE

NAME

ADDRESS

CITY

STATE

ZIP

COUNTY

NAME

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CITY

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COUNTY

SIGNATURE:

Sandra M. Angell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/96 941-741-4605

CR2E034 (3/96)