

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # J52713****(1)**

1. Corporation Name

BILL DUNN'S EXERCISE CONCEPTS, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 JAN 19 AM 11:30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1987** 3a. Date of Last Report **02/23/1994**4. FEI Number **59-2826440** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **8452 NW 6TH COURT
MIAMI FL 33150**
22 Suite, Apt. #, etc.
23 City & State26 **8452 NW 6TH COURT
MIAMI FL 33150**
27 Suite, Apt. #, etc.
28 City & State24 Zip **33150** 25 Country29 Zip **33150** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORE, LAURENCE D., ESQ.
SUITE 212, SUNRISE BAY BLDG.
2701 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

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 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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PSD
GALE, FRAN
8452 NW 6 CT
MIAMI FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VTD
GALE, MICHAEL
8452 NW 6 CT
MIAMI FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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)(b), 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 to an address.

SIGNATURE:

Frances Gale - President**1-10-95****365-757-6212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #