

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

FILED

Jan 16 1997 8:00am

Secretary of State



<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J52713 (1)</b> 1. Corporation Name <b>BILL DUNN'S EXERCISE CONCEPTS, INC.</b>			
Principal Place of Business <b>8452 NW 6TH COURT MIAMI FL 33150</b>		Mailing Address <b>8452 NW 6TH COURT MIAMI FL 33150-2547</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	
<b>3. Date Incorporated or Qualified</b> <b>01/21/1987</b>		<b>3a. Date of Last Report</b> <b>06/11/1996</b>	
<b>4. FEI Number</b> <b>59-2826440</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>GORE, LAURENCE D., ESQ.</b> <b>SUITE 212, SUNRISE BAY BLDG.</b> <b>2701 E. SUNRISE BLVD.</b> <b>FT. LAUDERDALE FL 33304</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD</b> <b>GALE, FRAN</b> <b>8452 NW 6 CT</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VTD</b> <b>GALE, MICHAEL</b> <b>8452 NW 6 CT</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

*Fran Gale* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 305 757-6242

Date Daytime Phone #

CR2E034 (9/96)