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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52713

BILL DUNN'S EXERCISE CONCEPTS, INC.

| Principal Place of Business | ٠. | • | , |
|-------------------------------------|----|---|---|
| 8452 NW 6TH COURT MIAMI FL 33150 | * | | |

Mailing Address

8452 NW 6TH COURT MIAMI FL 33150

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90026 033 ***150.00

3. Date Incorporated or Qualifed

01/21/1987



DO NOT WRITE IN THIS SPACE

| 2. Principal P | Place of Business 2a. Mailing Address | | | | 4. FEI Number Applied For | | | | |
|--|--|---------------------------------|---|--|--|-----------------------|--------------|--|--|
| 21 | | 26 | | | 59-2826440 | No | t Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | | |
| City & Stat | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | | |
| Zip | Country Zip Country | | | • | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 29 30 | | | | Personal Property Tax. ☐ Yes ☐ No | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | - | | |
| (30) (3.7 %) | | | 81 | Name | | | | | |
| GORE, LAURENCE D., ESQ. | | 00 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 212, SUNRISE BAY BLDG. | | 82 | 62 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 2701 E. SUNRISE BLVD. | | 83 | 83 1 | | | | | | |
| FT. | Lauderdale FL 33304 | • | | [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 | | | | | |
| to the contract of the contrac | | 84 | City | | FL 85 Zip C | 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 a | ad title Manufischio | Dogistared # | t signature required | (when coinctains) | DATE . | | | |
| 12. | OFFICERS AND | | 13. | r siðugrnie rednisen | ADDITIONS/CHANGES TO OFFICE | | RS IN 12 | | |
| TITLE | PSD | □ DELETE | 1.1 TITLE | | 7 | Change | Addition | | |
| NAME | GALE, FRAN | | 1.2 NAME | | | <u> </u> | | | |
| | 8452 NW 6 CT | | 1.3 STREET | 4000E00 | *** | | . : | | |
| STREET ADDRESS | MIAMI FL | | | | | | | | |
| CITY-ST-ZIP | VTD | ☐ DELETE | 1.4 CITY-S1 2.1 TITLE | -28 | | Change | Addition | | |
| TITLE | | C) DELETE | B . | | • | Gridinge | | | |
| NAME | GALE, MICHAEL | | 2.2 NAME | . [| | | | | |
| STREET ADDRESS | 5.33.6.6 (F) | | 2.3 STREET | | سنجي ريون ي | | | | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CITY-S | T-ZIP | · | ☐ Change | Addition | | |
| TITLE 30 | e direkan ka | ☐ DELETE | 3.1 TITLE | | | [_] Change | L Addition | | |
| NAME | | , ⁷³ V1. | 3.2 NAME | | | | | | |
| STREET ADDRESS | (在水)黄花等之。 | 1 | 3.3 STREET | ADDRESS | | , the stay of | 通照 實】 | | |
| CITY-ST-ZIP; | Samuel Company of the | | 3.4. CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition | | |
| NAME | | 67. | 4. 2 NAME | | • , | • | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | • | | | |
| CITY-ST-ZIP | 4 | | 4.4 CITY-S1 | -ZIP | · | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | 1 | | ☐ Change | ☐ Addition | | |
| NAME | | rás: | 5.2 NAME | Ī | | | | | |
| STREET ADDRESS | Part Carlo | • * • | 5.3 STREET | ADDRESS | | | } | | |
| CITY-ST-ZIP | reg | | 5.4 CITY- \$1 | ·ZIP | 19. 2. 2 2 pg | | | | |
| TITLE | survium, in | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | ्राकृष्टिक क्रिकेट वर्षेत्र । इ.स.च्या | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | . ; | | | |
| CITY-ST-ZIP | 1.11. | | 6.4 CITY-ST | -ZIP | | | | | |
| 14 I barabu a | portify that the information supplied with | this files does not suclify for | the evenue | on stated in C | ection 119 07/3\/i) Florida Statutes I furt | har andifu that the i | oformation | | |

indicated on this annual report or supplied with this liting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationicated on this annual report or suppliemental 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 the receiver with an address, with all other like empowered.