FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:20

DOCUMENT # P28341 (6)

1. Corporation Name
SHAKE-A-LEG, INC.

Principal Place of Business	Mailing Address
P O BOX 1002 NEW PORT RI 02840	P O BOX 1002 NEW PORT RI 02840

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1990
3a. Date of Last Report: 08/12/1994
4. FEI Number: 05-0399703 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERNSTEIN, JOEL
2699 S. BAYSHORE DRIVE
SUITE 900 C
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GADSBY, G. LAWRENCE	1.2 NAME	GADSBY, G. LAWRENCE	
STREET ADDRESS	P.O. BOX 1264 (N/A)	1.3 STREET ADDRESS	53 BONNIEFIELD DRIVE	
CITY-ST-ZIP	NEWPORT RI 02840	1.4 CITY-ST-ZIP	TIVERTON, RI 02878	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	PAYTE, J. MICHAEL	2.2 NAME		
STREET ADDRESS	245 PARK AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10167	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	MASSED, STEVE	3.2 NAME		
STREET ADDRESS	640 MIDDLE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORTSMOUTH RI 02871	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	KERINS, DAVID	4.2 NAME		
STREET ADDRESS	7 OLD FORT ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT RI 02840	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HORGAN, HARRY R	5.2 NAME		
STREET ADDRESS	411 VALLEY ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN RI 02840	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHROEDER, DAVID	6.2 NAME	BEATIE, ROBERT O.	
STREET ADDRESS	13912-2 S.W. 149 CIRCLE	6.3 STREET ADDRESS	EASTNOR ROAD	
CITY-ST-ZIP	MIAMI FL 33186	6.4 CITY-ST-ZIP	NEWPORT, RI 02840	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: [signature] 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073242

SHAKE-A-LEG, INC.
SUPPLEMENTAL LIST OF DIRECTORS

7. DIRECTOR
DR. JOHN CHILDS
SALVE REGINA, OCHRE POINT RD.
NEWPORT, RI 02840

8. DIRECTOR
KATHLEEN S. CONNELL
TUCKERMAN AVENUE
MIDDLETOWN, RI 02842

9. DIRECTOR
R.T. FLYNN
25 ELINOR PLACE
YONKERS, NY 10705

10. DIRECTOR
GEORGE FREEHILL
535 EAST 86TH STREET
NEW YORK, NY 10128

11. DIRECTOR
MELVIN HILL
86 RHODE ISLAND AVENUE
NEWPORT, RI 02840

12. DIRECTOR
ROBERT MCKENNA
47 EVERETT STREET
NEWPORT, RI 02840

13. DIRECTOR
DANIEL ROTHENBERG
1330 BOYSTON STREET
CHESTNUT HILL, MA 02167

14. DIRECTOR
BARBARA RUSCETTA
115 KAY STREET
NEWPORT, RI 02840