

FILE NOW: FILING FEE IS \$61.25

48-182

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

P28341

Shake-A-Leg, Inc.

Principal Place of Business	Mailing Address
P.O. Box 1002 Newport, RI 02840	P.O. Box 1002 Newport, RI 02840

3. Date Incorporated or Qualified 2/27/90	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 05-0399703	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Joel Bernstein 2699 S. Bayshore Drive Suite 900C Miami, FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

I, _____, pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 DELETED	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Lawrence Gadsby	12 NAME	Paul Callahan
STREET ADDRESS	53 Bonnielfield Drive	13 STREET ADDRESS	200 Harrison Ave.
CITY-ST-ZIP	Tiverton, RI 02878	14 CITY-ST-ZIP	Newport, RI 02840
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Michael Payte	22 NAME	
STREET ADDRESS	245 Park Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10167	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Massed	32 NAME	
STREET ADDRESS	640 Middle Road	33 STREET ADDRESS	
CITY-ST-ZIP	Portsmouth, RI 02871	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	600001765746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Kerins	42 NAME	-04/02/96--01012--034
STREET ADDRESS	7 Old Fort Road	43 STREET ADDRESS	***\$61.25
CITY-ST-ZIP	Newport, RI 02840	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry R. Horgan	52 NAME	Harry R. Horgan
STREET ADDRESS	411 Valley Road	53 STREET ADDRESS	3060 S.W. 4th Avenue
CITY-ST-ZIP	Middletown, RI 02842	54 CITY-ST-ZIP	Miami, FL 33129
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert O. Beatie	62 NAME	
STREET ADDRESS	Eastnor Road	63 STREET ADDRESS	
CITY-ST-ZIP	Newport, RI 02840	64 CITY-ST-ZIP	

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)(k), 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 an address.

SIGNATURE: S. Massed 2-13-96
Signature typed or printed name of signing officer or director Date Daytime Phone #

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

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7. DIRECTOR

KATHLEEN S. CONNELL
233 TUCKERMAN AVENUE
MIDDLETOWN, RI 02840

10. DIRECTOR

MELVIN HILL
86 RHODE ISLAND AVENUE
NEWPORT, RI 02840

8. DIRECTOR

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

11. DIRECTOR

ROBERT MCKENNA
47 EVERETT STREET
NEWPORT, RI 02810

9. DIRECTOR

GEORGE FREEHILL
535 E 86TH STREET
NEW YORK, NY 10128

12. DIRECTOR

JOHN CHILDS
1025 ANTHONY ROAD
PORTSMOUTH, RI 02871