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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P35999

(2)

ROCKETT EXERCISE CONCEPTS, INC.

395 OLD COACH TRAIL	2395 OLD COACH TRAIL
LEARWATER FL 34625	CLEARWATER FL 34625-1729
rincipal Place of Business	Mailing Address

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2395 OLD COACH TRAIL 2395 OLD COACH TRAIL CLEARWATER FL 34625 CLEARWATER FL 34625-1729									
						3. Date Incorporated or Qualified 10/21/1991		e of Last Re 7/1996	eport
	lace of Business	2a. Mailing Address	1			4. FEI Number	1	Ap	plied For
21 2555 Entraption 4: 26 Suite, Apt. #, etc. Suite, Apt. #,			#, etc.			-11-3032945- 5 9 -3 3 5 . Certificate of Status Desired	ot Applicable Additional		
City & Stat	k 2	City & State						Fee Re	<u></u>
		28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
	n notes FC Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta	ax under s.	
24 346		29	30				Yes	<u> </u>	
	9. Name and Address of Curre	nt Registered Agent		81	Nama	10. Name and Address of New Re	gistered A	jent	
	KETT, RICKY P.				Name				
2395 OLD COACH TRAIL CLEARWATER FL 34625				82	Street Add	fress (P.O. Box Number is Not Acceptable)			
				83		·····			
				84	City		FL	85 Zip (Code
44 Purcupat	to the provisions of Spotions 607.05	02 and 607 1509 Florida \$1a	tutor the a	hove	-named cor	poration submits this statement for the		hanging it	te remistered
SIGNATURE		yer and the if applicable (N ND DIRECTORS	IOTE Registere	d Age	nt signature requ	ered when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND I		3S IN 12
TITLE	P	DELETE	1.1 11	TLE				Change	Addition
NAME	LOCKETT, RICKY P.		1.2 N	AME					
STREET ADDRESS	2395 OLD COACH TRAIL CLEARWATER FL				ADDRESS				
CITY-ST-ZIP TiTLE	CLEARWAIEN FL	DELETE	1.4 C	TY - S	T-21P			Change	Addition
NAME		End been	22 N		ĺ		,		
STREET ACCORESS			235	REET	ADDRESS	وسند			•
CITY - \$1 - 7 P			2.40	ITY-S	ST-ZIP				
THILE		☐ DELETE	3.1 10				ţ	Change	Addition
NAME STREET ADDRESS			3.2 N/		ADDRESS				
CITY-ST-ZIP					ST-ZIP				
THEF		DELETE	4.1 TI	_	-			Change	Addition
NAMI			4.2 N	IAME					
STREET ADORESS			4.3 S	TREET	ADDRESS				
CITY-ST ZIF		DELETE			T-ZIP		т	Change	Addition
TITLE		FT DETEIR	5.1 TI 5.2 N				Į.	T CHRIBE	TT Vanitibil
STREET ADDRESS					ADDRESS				
CITY-ST-7P				ITY-S					
TIFLE		☐ DELETE	6.1 TI		<u> </u>		[Change	Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
C(1Y+S1-7)P			6.4 C	ITY-S	T-ZIP				

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:

4/747 813-725-0406