FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000031677 (6)**

1. Corporation Name

AEROBIC GLOVE, INC.

Principal Place of Business	Mailing Address
6 E BAY STR 5TH FLOOR JACKSONVILLE FL 32202 US	6 E BAY STR 5TH FLOOR JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: **04/29/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 1563 ALFORD PLACE
22 Suite, Apt. #, etc.: SUITE 3
23 City & State: JACKSONVILLE FL
24 Zip: 32207 25 Country:

2a. Mailing Address
26: P.O. Box 47876
27 Suite, Apt. #, etc.:
28 City & State: JACKSONVILLE, FL
29 Zip: 32247 30 Country: USA

4. FEI Number: **59-3191370** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

STANFORD, DOUGLAS G., ESQ.
50 N LAURA ST
SUITE 2800
JACKSONVILLE FL 32202

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 not using E-Filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	FAIRMAN, LARRY J		1.2 NAME	SAFFELL, ELIZABETH D.
STREET ADDRESS	6 E BAY ST 5TH FLOOR		1.3 STREET ADDRESS	1563 ALFORD PL. SUITE 3
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALSHAW, LARRY		2.2 NAME	
STREET ADDRESS	6 E BAY ST 5TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAITTA, THOMAS C		3.2 NAME	
STREET ADDRESS	6 E BAY ST 5TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, SCOTT P		4.2 NAME	
STREET ADDRESS	6 E BAY ST 5TH FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, T. WAYNE JR.		5.2 NAME	
STREET ADDRESS	1563 ALFORD PLACE SUITE 2&3		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SAFFELL, PAUL K		6.2 NAME	
STREET ADDRESS	1563 ALFORD PLACE SUITE 2&3		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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

SIGNATURE: _____ 4/25/96 904-398-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL K SAFFELL, DIRECTOR