

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076377 (8)

1. Corporation Name

BRICKELL FITNESS, INC.



Principal Place of Business

C/O 200 S. BISCAYNE BLVD.
SUITE 15A
MIAMI FL 33131

Mailing Address

C/O 200 S. BISCAYNE BLVD.
SUITE 15A
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARNEY, DAVID M
200 S. BISCAYNE BLVD.
SUITE 15A
MIAMI FL 33131

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 607.1506, 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 of the person who is filing this report

Signature of the person who is filing this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CARNEY, DAVID M	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY, ST, ZIP	MIAMI FL 33131	
TITLE	D	DELETE
NAME	SMITH, STEPHEN J	
STREET ADDRESS	1001 DEAL ROAD	
CITY, ST, ZIP	OCEAN NJ 07712	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
2. TITLE	Change	Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
3. TITLE	Change	Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
4. TITLE	Change	Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
5. TITLE	Change	Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
6. TITLE	Change	Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 305-579-1240
Digital Power

CR2E034 (12/95)