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FILED AMOUNT DUC UN UR DEFURE UNIGRAS, \$300 (IN DISSOURED, MINIMUM AMOUNT DUC TO REINSTAFE. \$100) Jul 28, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION > Katherine Harris ANNUAL REPORT Secretary of State 07-28-1999 90007 006 ***150.00 DIVISION OF CORPORATIONS 1999 08-27-1999 90002 006 ***400.00 DOCUMENT # ORLANDO AEROBIC PROGRAMS INC Principal Place of Business Mailing Address 5600 W COLONIAL DR 5600 W COLONIAL DR ORLANDO: FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/09/1995 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-3300750 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution-Acced to Fees --23 28 Country 8. This corporation owes the current year Country Zip Yes Intangible Personal Property. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROUMAND, GLAVIJ Street Address (P.O. Box Number is Not Acceptable) 82 5600 W. COLONIAL DR ORLANDO FL 32804-3280 83 84 City 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 Signature, typed or printed name of registered agent and ittle if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 title BROUMAND, GLAVIJ NAME 12 NAME 5600 W COLONIAL DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 1.4 CITY-ST-ZIP CITY-ST-ZIF 2.1 TITLE Change Addition TITLE DELETE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZEP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-ST-ZIP Change Addition TITLE DELETE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS S.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TM F TITLE DELETE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ACCRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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:

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