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

**PROFIT** CORPORATION ANNUAL REPORT

1997

TITLE

NAME

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NAME STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000067206 (9)

BODY ROCK AEROBICS, INC.

Principal Place of Business Mailing Address 221 W. HALLANDALE BEACH BLVD. 221 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009-5441 HALLANDALE FL 33009 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1995 04/19/1996 2a. Mailing Address 4. EEI Number 2. Principal Place of Business Applied For 65-0615017 Not Applicable 26 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SIEGELAUB STEVEN (mith 221 W. HALLANDALE BEACH-BLVD. Box Number is Not Acceptable) 82 Street Address (P.O. HALLANDALÉ FL 33000 83 Zip Code 84 City 85 Hallackele 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 Lambdagators with extracept the ebligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 THEF TITLE SMITH, TAIT 1.2 NAME 221 W HALLNADALE BEACH BLVD 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 1.4 CITY-\$1-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TO LE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 HIGH

52 NAME

6.1 TITLE

6.2 NAME

3 3 STREET ADDRESS

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53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CtTY - ST - ZIP

3.4. C(TY - \$1 - 7)P

CITY-ST-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 the attachment with an address.

DELETE

DELETE

DELETE

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Addition

Addition

Addition

6.19

Addition

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-06/20/37--01027--042

\*\*\*165.00

FILED

Jun 19 1997 8:00am

Secretary of State