

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073888 (6)

1. Corporation Name

AEROBICS INTERNATIONAL, INC.

FILED

96 AUG 23 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
4390 NO. FEDERAL HIGHWAY STE 100 4390 NO. FEDERAL HIGHWAY STE 100
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified 09/22/1995 3a. Date of Last Report
4. FEI Number 65-0611578 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

2. Principal Place of Business 2a. Mailing Address
21 2747 E. Oakland Park Blvd 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Ft. Lauderdale, Fl 28
Zip Country Zip Country
24 33306 25 USA 29 30

9. Name and Address of Current Registered Agent

ROTH, ALVIN N
4390 NO. FEDERAL HIGHWAY STE 100
FORT LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S ☐ DELETE
NAME President/Secretary
STREET ADDRESS Barry Roth
CITY-ST-ZIP 2747 E. Oakland Park Blvd
Ft. Lauderdale, Fl 33306
TITLE ☐ DELETE
NAME SECT/TUES
STREET ADDRESS ALVIN N ROTH
CITY-ST-ZIP 4390 N Federal Hwy Ste 100
Ft Lauderdale FL 33308
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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

11 TITLE ☐ Change ☐ Addition
12 NAME 100001932931
13 STREET ADDRESS -08/27/96--01098--016
14 CITY-ST-ZIP *****225.00 *****225.00
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/96

(954) 565-0606

CR2E034 (3/96)