

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000011086 (1)**

1. Corporation Name
FUNCTIONAL BODY GEAR II INC.



Principal Place of Business 33-B VENETIAN WAY #60 MIAMI BEACH FL 33139	Mailing Address 33-B VENETIAN WAY #60 MIAMI BEACH FL 33139-8806
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3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1253 WASHINGTON AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FL Zip 24 33139	2a. Mailing Address 26 6011 N. BAYSHORE DR. Suite, Apt. #, etc. 27 TOWNHOUSE 3 City & State 28 MIAMI, FL Zip 29 33137	Country 25 USA 30 USA
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4. FEI Number 65-0638481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent	
81 Name MARK MELANCON	
82 Street Address (P.O. Box Number is Not Acceptable) 1253 WASHINGTON AVE	
83	
84 City MIAMI BEACH	85 Zip Code FL 33139

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 Mark Melancon **MARK MELANCON** DATE **4/16/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MELANCON, MARK	
STREET ADDRESS % 33-B VENETIAN WAY #60	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MARK MELANCON	
1.3 STREET ADDRESS 6011 N. BAYSHORE #3	
1.4 CITY-ST-ZIP MIAMI, FL 33137	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 an attachment with an address.

SIGNATURE: Mark Melancon **MARK MELANCON** DATE **4/16/97** DAYTIME PHONE # **305/531-4224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)