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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000033335 (6)

1. Corporation Name
LESAGE FITNESS, INC.



Principal Place of Business
613 SQUIRE CIRCLE A5-204
NAPLES FL 33942

Mailing Address
613 SQUIRE CIRCLE A5-204
NAPLES FL 34104-8348

3. Date Incorporated or Qualified
04/15/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 13805 Haddonwood Lane
Suite, Apt. #, etc.
22 Apt # 44
City & State
23 Fort Myers, FL
Zip
24 33919 Country

2a. Mailing Address

26 13805 Haddonwood Lane
Suite, Apt. #, etc.
27 Apt # 44
City & State
28 Fort Myers, FL
Zip
29 33919 Country

4. FEI Number
65-0660446

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

9. Name and Address of Current Registered Agent
LESAGE, DAVID G
613 SQUIRE CIRCLE A5-204
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
LESAGE DAVID G

82 Street Address (P.O. Box Number is Not Acceptable)
13805 Haddonwood Lane # 44

83

84 City
FORT MYERS FL 85 Zip Code
33919

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	LESAGE, DAVID G	
STREET ADDRESS	613 SQUIRE CIRCLE A5-204	
CITY - ST - ZIP	NAPLES FL 33942	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	LESAGE, DAVID G. PRES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	13805 Haddonwood Lane # 44		
1.3 STREET ADDRESS	FORT MYERS, FL 33919		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ DATE: 12-07-97 DAYTIME PHONE #: 741-279-3877

CR2E034 (9/96)