

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V53114** (7)  
1. Corporation Name  
**EXERCISE CONCEPTS, INC.**



Principal Place of Business  
**1919 ST. RD. 7  
SUITE 103  
MARGATE FL 33063  
US**

Mailing Address  
**1919 ST. RD. 7  
SUITE 103  
MARGATE FL 33063  
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc	26 Suite, Apt #, etc	<b>07/13/1992</b>	<b>05/22/1995</b>
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	<b>65-0433176</b>	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25	30	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
		Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**BANNISTER, GARY  
3155 CORAL HILLS DR. #B3  
CORAL SPRINGS FL 33065**

*NEW ADDRESS*

10. Name and Address of New Registered Agent

81 Name  
**GARY BANNISTER**

82 Street Address (P.O. Box Number is Not Acceptable)  
~~2098 POLO GARDENS DR. #203~~

83 **2098 POLO GARDENS DR. APT 203**

84 City **WELLINGTON** FL 85 **33414**

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 *Gary Bannister*

Signature typed or printed: Name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

**06/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BANNISTER, GARY</b>	1.2 NAME	<b>2098 POLO GARDENS DR. APT 203</b>
STREET ADDRESS	<b>2800 N COURSE DR, #53 APT 802</b>	1.3 STREET ADDRESS	<b>WELLINGTON, FL 33414</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	1.4 CITY-ST-ZIP	<del>WELLINGTON BEACH, FL 33414</del>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MASON, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>663 CORONA WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33442</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Gary Bannister*

**GARY BANNISTER**

**06/10/96 (407) 790-7886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**05/8/1996**

CR2E034 (3/96)