

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **530924**

(0)

1. Corporation Name

BROWNS' GYMNASTICS, INC.



Principal Place of Business

**674 PINE SHADOW COURT
LONGWOOD FL 32779**

Mailing Address

**674 PINE SHADOW COURT
LONGWOOD FL 32779**

3. Date Incorporated or Qualified
04/06/1977

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **2716 DEER BERRY CT.**
Suite, Apt. #, etc.

26 **2716 DEER BERRY CT.**
Suite, Apt. #, etc.

4. FEI Number
59-1732257

Applied For
Not Applicable

22 City & State
Longwood, FL

27 City & State
Longwood, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip **32779** Country **USA**

28 Zip **32779** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWN, RITA F
674 PINE SHADOW CT.
LONGWOOD FL 32779**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2716 DEER BERRY CT
83
84 City **Longwood, FL** 85 Zip Code **32779**

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

Rita F. Bown, President

DATE **1/31/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BROWN, RITA F**
STREET ADDRESS **674 PINE SHADOW CT.**
CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2716 DEER BERRY CT**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VSD BROWN, RITA F.**
STREET ADDRESS **674 PINE SHADOW COURT**
CITY-ST-ZIP **LONGWOOD FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2716 DEER BERRY CT**
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rita F. Bown, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 407-869-8744
Date Daytime Phone #

CR2E034 (12/95)