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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48309

(4)

FILED Apr 23 1998 8:00am Secretary of State

	GYMNASTICS, INC.				
Principal Place	e of Business	Mailing Address		1 16810111 911 61001 16100 11111 00119 1011 61611 1	ister dibet ditte teller dents inbi
6451 E ROGERS CIR B22 S.W. 34TH AVE.					
BAY 9 BOYNTON BEACH FL 33435			135	DO NOT WRITE IN TH	IIS SPACE
BOCA RATON FL 38487				3. Date Incorporated or Qualified	IIO OI NOL
US				` <u>.</u>	
2 Process P	lace of Business	2n. Mailing Address		12/01/1988 4, FEI Number	Applied For
⊢	iade di Eldaniesa	—			Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.		65-0089741	\$8.75 Additional
22	", O (G	27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		A Floring Company Figure 6	
23	O .			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 7 (p)	Country		
	—	├ ── '	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
24	25 g. Name and Address of Curr		[30]	10. Name and Address of New Register	
			81 Name	10.	
	WISON, CAROLE				
	2 S.W. 34TH AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BO	YNTON FL 33435				
			83		
			84 City		85 Zip Code
			1 ,	F	·L - / -
office or ragent. I a				poration submits this statement for the purposition's board of directors. I hereby accept the	
	Signature, typed or printed cannot beginned		Angistered Agent signature requi		
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TIFLE	PT	CT DESCRIE	1.3 TITLE		L. Charige L. Addition
NAME	HOWISON, CAROLE		1.2 NAME		
STREET ADDRESS	822 S.W. 34TH AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VS	[_] DELETE	2 1 1ITLE		Change Addition
NAME	Howison, Terry		2 2 NAME		
\$1REET ADDRESS	822 S.W. 34TH AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		2 4 CITY-ST-ZIP	·*	
TITLE		DELETE	3 1 1HLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		_ ,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP		Change Addition
TITLE		[DECEN	5.1 TITLE		— онаода — жизион
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - 7IP			5.4 CIFY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C(1V. S1. 7(P			6.4 CITY - ST - 2IP		

14. I horeby 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 supplieriontal 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.

CIONATURE

Museo & Hourson

417/08

561-997. 7411