

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000006332 (0)

1. Corporation Name
TAMPA GYMNASTICS AND DANCE, INCORPORATED



Principal Place of Business: 6925 N. FLORIDA AVE. TAMPA FL 33604
Mailing Address: 6925 N. FLORIDA AVE. TAMPA FL 33604

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report: 03/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3291823		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country			
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

ROTHELL, DON
3334 HANDY RD.
TAMPA-FL 33618

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD O'BERY, DANIEL	1.1 TITLE	PD ANDERSON, VANCE
NAME	10809 NORTH NEWPORT TAMPA FL	1.2 NAME	1729 W. PERDIZ TAMPA, FL 33612
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CALLAN, JUDITH	2.1 TITLE	VD HALL, PAULA
NAME	3450 LAKE PADGETT DRIVE LAND O'LAKES FL	2.2 NAME	12303 WITHERIDGE DR. TAMPA, FL 33624
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD WALIN, JANET	3.1 TITLE	SD JOHNSON, YVONNE
NAME	P.O. BOX 8824 N/A TAMPA FL	3.2 NAME	1220 DUBUEL RD. LUTZ, FL 33549
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PEREZ, KATHIE	4.1 TITLE	TD WALIN, MICHAEL
NAME	2831 NORTH MORGAN STREET TAMPA FL	4.2 NAME	P.O. BOX 8824 N/A TAMPA, FL 33674
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD O'BERY, KATHY	5.1 TITLE	
NAME	10809 NORTH NEWPORT TAMPA FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	200001797462
NAME		6.2 NAME	04/29/96--01020--080
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4.26

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: _____

Michael Walin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96
Date

224-2542
Daytime Phone #

CR2E037 (12/95)