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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90090 048 ***150.00

DOCUMENT # 474214

1. Corporation Name SOUTH BREVARD ACADEMY OF	GYMNASTICS, INC.		(2000) (((0)) (200) (1020) ((0))	N# 0161 81611 61811 51611 611	:11 014 17 010 11 280 7
Deinstant Place of Business	Mailing Address		T (ABINE RIBER INDUIT BEBUR ENBART IN	BIN BIBN BIBN BIBN BIBN BI	IN BIDII ALUK IADI
Principal Place of Business 3277 W RIVER PARK DR	PO BOX 9817				
TAHOE PARADISE CA 96155	S LAKE TAHOE CA 9615	8			
US	US	-	DO NOT WRI	ITE IN THIS SPACE	
			 Date Incorporated or Qualified 04/17/1975 		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21	26		59-1747235		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	City & State		6. Election Campaign Financing		0 мау Ве
23	28		Trust Fund Contribution	Adde	d to Fees
Zip Country	Zip	Country	8. This corporation owes the curr	_	- 7
2425	29	30	Personal Property Tax.	☐ Yes	□No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New I	Registered Agent	
CHARSHAFIAN, RICHARD J. 893 SE-RALEICH RD. PALM-BAY-FL-32909		81 Name 82 Stre 9 2	HARSHAFIAN K Bress (P.). Box Nimber is Not Acept BEMPIRE	<u> CICHARD</u>	./ <u>-</u>
		84 XZE	PALM BAY	FL 85 Z	32907
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the St agent. I am familiar with, and accept the object.	rate of Florida. Such change was	tutes, the above-named consumed by the corpora	proporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing pt the appointment as	its registered registered
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14. I 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 suppliemental 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 of the feceiver 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 changes or or any attachment with an address, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR