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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name

DOC#F49124

FIZELLS GYMNASTICS INC.

Principal Place of Business

Mailing Address

12334 144th PL. N.
Palm Bch. Gardens, FL
33418-7903

12334 144th PL. N.
Palm Bch. Gardens, FL
33418-7903

3. Date Incorporated or Qualified
10/09/81

3a. Date of Last Report
05/01/96

4. FEI Number

59-2124551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

MCLAUGHLIN, CLAUDIA
12334 144th PL. N.
Palm Beach Gardens, FL 33418-7903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Claudia F. McLaughlin

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

April 29, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
Claudia McLaughlin
STREET ADDRESS
12334 144th PL N
CITY - ST - ZIP
PBG FL 33418

DELETE

TITLE

NAME
Vice-President
Jeff McLaughlin
STREET ADDRESS
12334 144th PL N
CITY - ST - ZIP
PBG FL 33418

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

100002184291
-05/20/97--01003--018
***165.00

14. I do 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 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:

Claudia F. McLaughlin

April 29, 1997 561-626-5135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE PHONE

CR2E034 (9/96)