FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:03

DOCUMENT # J13193 (4)

1. Corporation Name
AMERICAN TWISTERS GYMNASTICS ACADEMY, INC.

Principal Place of Business
2301 N.W. 33RD COURT
SUITE #110
POMPANO BEACH FL 33069

Mailing Address
2301 N.W. 33RD COURT
SUITE #110
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1986
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2684089 ☐ 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

RAND, TIMOTHY C.
~~7539 COURTYARD RUN EAST~~
~~BOCA RATON FL 33428~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5950 NW 66 WAY
83 PARKLAND FL 33067
84 City FL 85 Zip Code

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 ______ DATE ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1 1 TITLE	☐ Change ☐ Addition
NAME	RAND, TIMOTHY C.	1 2 NAME	Rand
STREET ADDRESS	7539 COURTYARD RUN EAST	1 3 STREET ADDRESS	5950 NW 66 WAY
CITY ST ZIP	BOCA RATON FL	1 4 CITY ST ZIP	PARKLAND FL 33067
TITLE	ST	2 1 TITLE	☒ Change ☐ Addition
NAME	RAND, LEE J.	2 2 NAME	Deceased
STREET ADDRESS	875 VIA CABANA.	2 3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	2 4 CITY ST ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	RAND, TONI	3 2 NAME	Rand
STREET ADDRESS	7539 COURTYARD RUN E.	3 3 STREET ADDRESS	5950 NW 66 WAY
CITY ST ZIP	BOCA RATON FL	3 4 CITY ST ZIP	PARKLAND FL 33067
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Toni Rand TONI RAND 3-26-95 305-573-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112656 CP