

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M11599

(1)

1. Corporation Name

PALM BEACH GYMNASTICS, INC.



Principal Place of Business

4365 OKEECHOBEE BLVD.
SUITE B4
WEST PALM BCH FL 33409
US

Mailing Address

4365 OKEECHOBEE BLVD..#B4
W. PALM BEACH FL 33409

3. Date Incorporated or Qualified

02/21/1985

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLSHEIN, PATTI L.
4365 OKEECHOBEE BLVD.
SUITE B-4
W. PALM BEACH FL 33409

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 607.1508, 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

Beth Lebrecht

Signature, typed or printed name of registered agent and the state of Florida

Office Manager

6/4/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDBERG-WALLSHEIN, PATTI	
STREET ADDRESS	1700 EMBASSY DR., SUITE 104	
CITY-STATE-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEBRECHT, BETH	
STREET ADDRESS	3789 PARK LANE VILLAS RD.	
CITY-STATE-ZIP	LAKE PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANDBERG, LEONARD	
STREET ADDRESS	300 E. 56 ST., SUITE 300	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PATT, RONALD	
STREET ADDRESS	5516 BARNSTEAD CIR.	
CITY-STATE-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Owens, Suzanne
4.4 CITY-STATE-ZIP	2075 Polo Gardens, Dr
	Wellington, FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Beth Lebrecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

Date

407-686-5687

Telephone Number

CR2E034 (12/95)