SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000051456 (0)**

1. Corporation Name
TOP CONTENDERS GYMNASTICS ACADEMY, INC.

Principal Place of Business
~~16210 US HWY 19~~
~~HUDSON FL 34667~~
9629 AMILIA AVE.
HUDSON

Mailing Address
~~16210 US HWY 19~~
~~HUDSON FL 34667~~

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 07/21/1995

2. Principal Place of Business
21 9629 AMILIA AVE.
Suite, Apt #, etc
22 Suite 1
City & State
23 HUDSON, FL
Zip 24 34667 Country 25 USA

2a. Mailing Address
26 9629 AMILIA AVE
Suite, Apt #, etc
27 SUITE 1
City & State
28 HUDSON, FL
Zip 29 34667 Country 30 USA

4. FEI Number: 59-3197107 — 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
STRAZZULLO, ELIZABETH (SAME)
~~16210 US HWY 19~~
~~HUDSON FL 34667~~
9629 AMILIA AVE - SUITE 1
HUDSON, FL 34667

10. Name and Address of New Registered Agent
81 Name: ELIZABETH STRAZZULLO
82 Street Address (P.O. Box Number is Not Acceptable): 9629 AMILIA AVE. - Suite 1
83 #
84 City: HUDSON FL 85 Zip Code: 34667

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

12. OFFICERS AND DIRECTORS

TITLE	D ☑ DELETE
NAME	STRAZZULLO, ELIZABETH A
STREET ADDRESS	16210 US HWY 19
CITY-ST-ZIP	HUDSON FL 34667
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☑ Change ☐ Addition
1.2 NAME	STRAZZULLO, ELIZABETH, A
1.3 STREET ADDRESS	9629 AMILIA AVE - SUITE 1
1.4 CITY-ST-ZIP	HUDSON, FL 34667
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Strazzullo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/2/96 — Daytime Phone #: (813) 862-2940

CR2E034 (3/96)