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	Mailing Address
16210 US HWY 19 HUDSON FL 34667 9629 AMILIA AVE. HUDSON	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	2a. Mailing Address
21 9629 AMILIA AVE.	26 9629 AMILIA AVE
Suite, Apt. #, etc 22 Suite 1	Suite, Apt. #, etc 27 SUITE 1
City & State 23 HUDSON, FL	City & State 28 HUDSON, FL
Zip 24 34667 Country 25 USA	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	10. Name and Address of New Registered Agent
STRAZZULLO, ELIZABETH (SAME) 16210 US HWY 19 HUDSON FL 34667 9629 AMILIA AVE - SUITE 1 HUDSON, FL 34667	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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STRAZZULLO, ELIZABETH A		1.2 NAME	STRAZZULLO, ELIZABETH, A	
STREET ADDRESS	16210 US HWY 19		1.3 STREET ADDRESS	9629 AMILIA AVE - SUITE 1	
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 5/2/96 (813) 862-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #