FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SUITE 470

SUNRISE FL 33351



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080042 (3)

CORAL SPRINGS GYMNASTICS, INC.

Principal Place of Business Mailing Address 7770 W OAKLAND PARK BLVD 10866 NW 14TH ST CORAL SPGS FL 33071 SUITE 470 DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 3. Date Incorporated or Qualified 11/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0453329 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAPLAN, NORMAN D 7770 W OAKLAND PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable)

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.

83

84 City

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature re		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	LETE	1.1 TITLE		☐ Change	Addition
NAME	ALBAHAE, ADELE		1.2 NAME			
STREET ADDRESS	10866 NW 14 ST		1.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP			
TITLE	L DE	LETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		r 1	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE	□ DE	LETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS		9	3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE	☐ DE	LETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	☐ DE	LETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	DEI	LETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTV CT 710			EARITY OT TID			

14. I 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 13 if changed, or gg an attachment with an address.

SIGNATURE:

1119 1119 119 119 FD Adele 17/6ahar 1-25-98 954-753-6257

CR2E034 (10/97)

Zip Code

FILED

Feb 09 1998 8:00am

Secretary of State