SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 AUG -4 AM 10:37

DOCUMENT # **P94000007548 (8)**

1. Corporation Name
OKRASHEVSKI'S INTERNATIONAL GYMNASTICS INC.

Principal Place of Business	Mailing Address
1416 EUCLID AVE. NORTH FT MYERS FL 33917-3421	1416 EUCLID AVE. NORTH FT MYERS FL 33917-3421

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 1056 PINE ISLAND — Suite, Apt. #, etc. 22: CAPE CORAL — City & State 23: FLORIDA — Zip 24: 33909 — Country 25: LEE

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

4. FEI Number: — [ ] Applied For [X] 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 [X] No

9. Name and Address of Current Registered Agent

WOLFF, CASEY
PAULICH O'HARA & SLACK P.A.
2150 GOODLETTE RD.
NAPLES FL 33940

10. Name and Address of New Registered Agent

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: L. Okrashevskaja — 06-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	11 TITLE	[ ] Change [ ] Addition
NAME	LJUBOV Okrashevskaja	12 NAME	
STREET ADDRESS	1056 N.E Pine Island Rd. unit B	13 STREET ADDRESS	
CITY-ST-ZIP	C.C. FL 33909	14 CITY-ST-ZIP	
TITLE	V.P.	21 TITLE	[ ] Change [ ] Addition
NAME	VITALI Okrashevskaja	22 NAME	
STREET ADDRESS	1056 N.E Pine Island Rd unit B	23 STREET ADDRESS	
CITY-ST-ZIP	CC. FL 33909	24 CITY-ST-ZIP	
TITLE	Secretary	31 TITLE	[ ] Change [ ] Addition
NAME	KORINA Okrashevskaja	32 NAME	
STREET ADDRESS	1056 NE Pine Island Rd. unit B	33 STREET ADDRESS	
CITY-ST-ZIP	CC, FL 33909	34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Okrashevskaja — 06-5-95 — 731-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101323 , FP