

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 # **P94000047305 (5)**

1. Corporation Name

**CHAMPION GYMNASTICS AND SPORTS CENTER, INC.**



Principal Place of Business

**8030 W. SAMPLE ROAD  
MARGATE FL 33065  
US**

Mailing Address

**7055 ENCINA LN  
BOCA RATON FL 33433**

3. Date Incorporated or Qualified  
**06/24/1994**

3a. Date of Last Report  
**07/21/1995**

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

4. FEI Number

**65-0500511**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**KIPNIS, ALAN  
ONE FINANCIAL PLAZA  
SUITE 2308  
FT LAUDERDALE FL 33394**

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
JEWELL-POMKOSKI, DONNA  
7055 ENCINA LANE  
BOCA RATON FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
POMKOSKI, KEITH J.  
7055 ENCINA LANE  
BOCA RATON FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
POMKOSKI, KEITH J.  
7055 ENCINA LANE  
BOCA RATON FL**

3.1 TITLE  
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3.4 CITY-ST-ZIP

☐ DELETE

☐ Change

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**VP  
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BOCA RATON FL**

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☐ DELETE

☐ Change

☐ Addition

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☐ DELETE

☐ Change

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CITY-ST-ZIP

**VP  
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7055 ENCINA LANE  
BOCA RATON FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

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:

*Donna Jewell-Pomkoski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA JEWELL-POMKOSKI**

**04/21/96**

**407  
419-4842**  
Daytime Phone #

CR2E034 (12/95)