## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P95000029132 (4) **DOCUMENT #**

1. Corporation Name

TO THE TOP GYMNASTICS ACADEMY, INC.

Principal Place of Business Mailing Address									
644 SE 4TH : FT LAUDERD	AVE ALE FL 33021		644 SE 4TH AVE FT LAUDERDALE FL 33021						
						3. Date incorporated or Qualified 04/13/1995	3a. Date of	Last Rej	port
2. Principal Pla	ace of Business	7	2a, Mailing Address 26			4. FEI Number 65-0583112	Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	)		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to 7 965			
Zip	Country	ļ	Zip Country 30			This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
24	25 29 29 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			ent		
	9, 1101110 0110 1110 1110		<del>-</del>	81	Name				
HODGES, PERRY W JR 644 SE 4TH AVE				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	OERDALE FL 33021			83					
				84	City		FL	<b>85</b> Zip	Code
	(0.10.002.0	600 and 607 1500 Clari	do Ctatutae the	abaya-r	named corpo	eration submits this statement for the proof of directors. I berefy accept the an	mose of chanc	ina its re	poistered office
	to the provisions of Sections 607.0 red agent, or both, in the State of F th, and accept the obligations of, S			he corp	oration's boa	and of directors. I horeby accept the ap	pointment as re	jištered	agent. ( am
SIGNATURE _			MOLL: Dogic	Lucart Annu	at a analyse realing	ed when ricinstating)	DATE		
12.	Signature, typed or pented name of registered a OFFICERS	AND DIRECTORS		13.	It a grante cooper	ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	RS IN 12
TITLE	President/Dire		LETE 1	. 1 TITLE				Change	☐ Addition
NAME	Roberto Pumpid	lo	1	1,2 NAME					
STREET ADDRESS	3960 N. 56th A	ve., #205	1	1.3 STREE1	ADDRESS				
CITY+ST-ZIP	Hollywood, FL	33021		1.4 CITY - S	ST - ZIP			Change	Addition
TITLE	Secretary	[] U		2 1 1114.6		•	لسا	onange	
NAME	Roberto Pumpid	lo "00E	1	22 NAME	T ADDRESS				
STREET ADDRESS	3960 N. 56th A	ve., #200		2.4 CITY - S					
CITY-S1-7/P	Hollywood, FL Treasurer	33021		3. 1 TITLE				Change	Addition
NAME	Roberto Pumpio	lo	I.	3 2 NAME					
STREET ADDRESS	3960 N. 56th A	ve., #205		3.3. \$1R££	I ADORESS				
CITY - S1 - ZIP	Hollywood, FL	33021		3.4 CHY-				Change	Addition
TITLE	•			4. 1 ] ITLE	Į.		لا	Onange	
NAME:				4.2 NAME					
STREET ADDRESS			1		I ADDRESS				
CITY - ST - ZIP				4.4 CITY 5. 1 TITLE				Change	Addition
TITLE		ت ،		5.2 NAME	1		-		•
NAME CECCET ADDRESS					T ADDRESS				
STREET ADDRESS				5.4 CHY-					
CITY-ST-ZIP TITLE				6 1 TITLE				Change	Addit on
NAME			<u></u>	62 NAME					
STREET ADDRESS				63 STREE	T ADDRESS				
1				c 4 007V	er 210				

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.

4-17-96

954-989-9622