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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ii oo po an	E TOP GYMNASTICS ACAD	` '			
Principal Plac	ce of Business	Mailing Address		. I CONTINUE ING TENEN BINIT BOTT BOTT BOTT BOTT	11010 10101 (1600 HEED 1104 1001
11580 STATE RD. 84 DAVIE FL 33325 US		11580 STATE RD. 84 DAVIE FL 33325 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				04/13/1995	
2. Principal Place of Business 2a. I		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0583112	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State .		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Currer		30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
11. Pursuant office or ragent. I a			84 City D	ress (P.O. Box Number is Not Acceptable)  Rostate Rd. 84:  Ravie,  poration submits this statement for the purpose tition's board of directors. I hereby accept the a	85 Zip Code 33325 e of changing its registered ppointment as registered
12.			Registered Agent signature requi		<u> </u>
TITLE	OFFICERS AN	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	PUMPIDO, ROBERTO		1.2 NAME		C crange C Addition
STREET ADDRESS	3001 S. OCEAN DR., APT. 1-1 HOLLYWOOD FL	4	1.3 STREET ADDRESS	·	
TITLE	\$	☐ DEL <b>ETE</b>	2.1 T/TLE		Change Addition
NAME	Pumpido, roberto		2.2 NAME		
STREET ADDRESS	3001 S. OCEAN DRIVE., APT.	1-A	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	3.1 TITLE		Change Addition
NAME	PUMPIDO, ROBERTO		3.2 NAME		
STREET ADDRESS	3001 S. OCEAN DRIVE, APT.	1-A	3.3 STREET ADDRESS	•	
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP		
TITLE		☐ DEL <b>ētē</b>	4.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 suppliemental 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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITL€

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Feb 23 1998 8:00am

Secretary of State