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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052181

[redacted]

1. Corporation Name
Stars & Stripes Gymnastics Academy, Inc.

Principal Place of Business
2035 Broad Street
Masaryktown, FL 34609

Mailing Address
2035 Broad Street
Masaryktown, FL 34609

3. Date Incorporated or Qualified: 06/23/95
3a. Date of Last Report: 5/01/96

2. Principal Place of Business
21: 16825 US 19 NORTH
Suite, Apt. #, etc.
22:
City & State
23: HUDSON, FL
Zip
24: 34667
Country
25: USA

2a. Mailing Address
26: 16825 US 19 NORTH
Suite, Apt. #, etc.
27:
City & State
28: HUDSON, FL
Zip
29: 34667
Country
30: USA

4. FEI Number: 59-3323364 ☐ Applied For ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: GERALDINE GAMBATESE
82 Street Address (P.O. Box Number is Not Acceptable): 10220 CASEY DRIVE
83: NEW PORT RICHEY, FL 34654
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] 4-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Any Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	GAMBATESE, GERALDINE	
STREET ADDRESS	10220 CASEY DRIVE	
CITY-ST-ZIP	~~NEW PORT RICHEY, FL 34657~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	RW 5-8-97	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	900002184629	
6.3 STREET ADDRESS	-05/20/97--01020--045	
6.4 CITY-ST-ZIP	***165.00	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-29-97 (813) 868-4342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #