

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 24 1997 8:00am
Secretary of State

DOCUMENT # P95000090094 (0)

1. Corporation Name:

MEDALIST ALL-STAR GYMNASTICS, INC.



Principal Place of Business

6551 43RD STREET NORTH
#1402/1403
PINELLAS PARK FL 34685
US

Mailing Address

6551 43RD STREET NORTH
#1402/1403
PINELLAS PARK FL 33781-5948
US

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0629646

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

CRANE, CYNTHIA A
5618 LEE STREET NORTHEAST
ST. PETERSBURG FL 33703

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE DP
NAME CRANE, CYNTHIA A
STREET ADDRESS 5618 LEE STREET NORTHEAST
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DVP
NAME FREY, KRISTIN
STREET ADDRESS 404 1ST AVENUE SOUTH
CITY-ST-ZIP TIERRA VERDE FL

☐ DELETE

TITLE DT
NAME SOLTIS, JEANENE
STREET ADDRESS 150 87TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE DS
NAME OAKES, VERONIKA
STREET ADDRESS 7694 62ND STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE D
NAME SIMS, GAIL
STREET ADDRESS 2582 60TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

☐ DELETE

TITLE D
NAME SOLTIS, SHELLI
STREET ADDRESS 150 87TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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:

Cynthia A. Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1897 (813)898-5151

CR2E034 (9/96)