SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P97000020378 (0)

GYM HOSPITALITY, INC.

1998

FILED Aug 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 390 N. ORANGE AVENUE 390 N. ORANGE AVENUE **SUITE 2500 SUITE 2500** DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 03/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 43662 21 12471 5.0.0. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ocar 23 Trust Fund Contribution Added to Fees 3 2837 Country 8. This corporation owes or has paid the current year Intangible OCMICE ろひとろ 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name r HAMES, LAURENCE C ESQ 390 N. ORANGE AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2500** ORLANDO FL 32801 83 84 City **B**5 Zip Code 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 little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. RESTUENT I DIRECTOR TITLE 1.1 TITLE Change Addition DELETE RUBINSTEIN, HARRY NAME 1.2 NAME 1471 S. OKANIE SCOSSON TA 596 BROADHOLLOW ROAD 1.3 STREET ADDRESS STREET ADDRESS occasio Fl コンよ3フ L**ON**G ISLAND NY 11747 CITY-ST-ZIP 1.4 CITY-ST-ZIP / VIALLOOL 2.1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY-ST-ZIP 7 0 1 2 1 2 1 3 1 3 1 2 1 2 1 2 1 Addition TITLE 5.1 TITLE DELETE NAME 5.2 NAME -08/06/98--01064-**-0**44 STREET ADDRESS 5.3 STREET ADDRESS ***158.75 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME P٤ STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing above 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 of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 130 to large of trustice that it with an address.

CR2E034 (5/98)



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July 26,1998

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised, I just received the enclosed Annual Report Packet from Laurence Hames, my attorney. I never received the first notice. I have enclosed check #1573 for the filing fee, along with a request for a Certificate of Status.

Your consideration in waiving the \$400 late fee would be greatly appreciated.

Best regards

Harry Rubinstein President