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Secretary of State
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[redacted]

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P97000020378 (0)

1. Corporation Name
GYM HOSPITALITY, INC.

Principal Place of Business	Mailing Address
390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801	390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1997
4. FEI Number: 59-3436629 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 12471 S. O. B. Trail	26 12471 S. Orange
Suite, Apt. #, etc. 22	~~Suite, Apt. #, etc.~~ 27 Blossom Tr.
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32837 · Country 25 Orange	Zip 29 32837 · Country 30 Orange

9. Name and Address of Current Registered Agent
HAMES, LAURENCE C ESQ
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

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 607.1505, 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President / Director ☑ Change ☐ Addition
NAME	RUBINSTEIN, HARRY	1.2 NAME	
STREET ADDRESS	598 BROADHOLLOW ROAD	1.3 STREET ADDRESS	12471 S. Orange Blossom Tr.
CITY-ST-ZIP	LONG ISLAND NY 11747	1.4 CITY-ST-ZIP	Orlando FL 32837
TITLE	☐ DELETE	2.1 TITLE	V.P. / Director ☐ Change ☑ Addition
NAME		2.2 NAME	Gina Rubinstein
STREET ADDRESS		2.3 STREET ADDRESS	12471 S. Orange Blossom Tr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	700002609958 ☐ Change ☐ Addition
NAME		5.2 NAME	-08/06/98--01064--044
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	
STREET ADDRESS		6.3 STREET ADDRESS	PE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8.5

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 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: Harry Rubinstein PRESIDENT · 5/3/99 · 407-240-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (5/98)