## 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

DOCUMENT # P97000046690 (8)

**GYM KIDS CO** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address				i innithat the chitt that can	P: <b>W</b> \$111 <b>W</b> \$111 <b>W</b> \$151		
1025 N PALM WAY LAKE WORTH FL 33460		1025 N PALM WAY LAKE WORTH FL 33460				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Q 05/27/1997	ualitied		
2. Principal Place of Business 2e. Mailing Address						4. FEI Number		I TAn	plied For
<b>├</b> ~ ~./	T . T	26				65-07590	14	1	t Applicable
21 <b>5534</b> Suite, Apt.	3 1 1 1 1 1 1 1 1		Suite, Apt. #, etc.					\$8.75	
22	27			5. Certificate			e of Status Desired Fee Required		
City & State City & State						6. Election Campaign Fina	ıncing	\$5.00	May Be
23 (7) (850)	pacres, 1-h	28				Trust Fund Contribution		Added t	o Fees
Zip /	Country	Zıp	Cou	ntry		8. This corporation owes of			
24 334	43 25 US	29	30			Personal Property Tax of			1 No
Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent								red Agent	
	ITERS, MARK				ame				1
1025 N PALM WAY				<b>82</b> St	reet Addre	ss (P.O. Box Number is Not A	(cceptable)		
LAKE WORTH FL 33460				83			<del></del>	<del> </del>	
<u> </u>									
				<b>84</b> Ci	ity		ſ	FL 85 Zip (	Code
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	eof Florida. Such channe wa	as authorized	i by the	med corpo corporatio	ration submits this statement in's board of directors. I here	for the purpos by accept the	se of changing its appointment as	s registered registered
SIGNATURE			1000				DA	TF	
40	Signature, typed or printed name of registered ager OFFICERS AND		13.	ga InegA I	nature required	when reinstating) ADDITIONS/CHANGES 1			S IN 12
12.	OFFICENS AND	DELETE	1.1 10	16	VIV	- President	O OFFICE IN	☐ Change	X Addition
NAME			1.2 NA			RA FETTETS		_ •	[
				reet addi	2500 N X	- N PALMWRY		_	
STREET ADDRESS				1Y-ST- <i>Z</i> if	1, 1	E Worth PL	334	40	
CITY-ST-ZIP TITLE		DELETE	2.1 Til		7.7.7	President		Change	Addition
NAME			2.2 NA		<b>, .</b>	nt Feners			´
STREET ADORESS			1	reet addi	F '	SN PALMWAY			
CITY-ST-ZIP				TY-ST-Zi	1,40		rl 3	3460	
TITLE		DELETE	3.1 10		755			Change	Addition
NAME		_	3.2 NA	ME					
STREET ADDRESS				reet add <del>i</del>	RESS				
CITY-ST-ZIP			1	TY-ST-ZII					
TITLE		DELETE	4.1 Til					Change	☐ Addition
NAME			4.2 №	AME					
STREET ADDRESS			4.3 ST	REET ADDE	RESS				
CITY OF 710			4400	Y - ST - 7/F	,				

14. I hereby certify that the information supplied with this filips 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 of the receiver of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on a gracultural with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

**FILED** 

Mar 16 1998 8:00am

Secretary of State

Change

Change

Addition

Addition