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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9700093324

1. Corporation Name

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90108 031 ***150.00

	GYM SUPPLY INC.				
Principal Plac	ce of Business	Mailing Address		1 1001/201 (10 1011 1001 0011 0011 0011	(# [#(## (100))]
3275 PINE RIDGE RD. 3275 PINE RIDGE RD.					
NAPLES FL 34109 NAPLES FL 34109			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	10 0, 7,02
				10/29/1997	•
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0222950	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		10	Personal Property Tax. 10. Name and Address of New Registere	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
SMI	TH, CRAIG S				
	5 PINE RIDGE RD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAF	PLES FL 34109		83		
				·	
			84 City	F	85 Zip Code
11. Pursuani	registered agent or both in the Sta	0502 and 607.1508, Florida Statutes	horized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or agent. I	am familiar with, and accept the obl	ligations of Section 607.0505, Florid	da Statutes.	•	_
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, Florid	da Statutes. We H-Sm/	ith 2-5-	
agent. I a	am familiar with, and accept the oblaction of the state of support of the state of	igations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F	da Statutes. H-SM Registered Agent signature require	d the reinstating) DATE	<u> </u>
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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 13 or Block 13 if chapter 607, Florida Statutes, and that my name appears in the statute of the corporation of the receiver of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

500 E