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 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000101392 (3)

GOLD MEDAL GYMNASTICS, INC.

FILED Jul 30 1998 8:00am Secretary of State

G 025 III	EDIE CHIMACITON INC.							
Principal Place of Business		Mailing Address					41011 0010F FIREN HING 18110 1401 HEUL	
2340 ELLA PLA CLEARWATER I		2340 ELLA PLACE CLEARWATER FL 33765				DO NOT WRITE IN	THIS SPACE	
					-	3. Date Incorporated or Qualified 11/24/1997		
21 1426	lace of Business 5 - 49 th St. No.	2a. Mailing Address 26				4. FEI Number 59 - 34 84017	Applied For Not Applicable	
Suite, Apt. 22 # 30	#, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	HRWATER, I-L	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 337	62 25 USA	Zip 29	Country 30			This corporation owes or has paid the Personal Property Tax due June 30.	Yes X No	
A. =	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Registe	ered Agent	
SVENSON, GREG				Name				
2340 ELLA PLACE CLEARWATER FL 33765			82	Street	1 Address	ddress (P.O. Box Number is Not Acceptable)		
\ \tag{\tau}	THINGIEN (E 00/00			1				
			84	City			85 Zip Code	
							FL_ S P S S S S S S S S S S S S S S S S S	
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								
				Agent signat	ture required		TE	
12.	D OFFICERS AND	·····	13. 1.1 TITLE	~	NT	ADDITIONS/CHANGES TO OFFICER		
NAME	SVENSON, GREG	L DELETE	1.2 NAME		DT		Change Addition	
STREET ADDRESS	and British and the		1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CITY-S				į:	
TITLE	D	DELETE	2.1 TITLE	1-20	0		Change Addition	
NAME	PAULA, AREG	DELETE	2.2 NAME		SVF	NSON PAULA	C Orlange C Addition	
STREET ADORESS	2340 ELLA PLACE		2.3 STREET ADDRE		234	NSON, PAULA D ELLA PLACE ARWATER, FL 3376		
CITY-ST-ZIP	CLEARWATER FL 33765		2.4 CITY-S	2.4 CITY-ST-ZIP		ARMANER FL 3276	.5	
TITLE	D	DELETE	3.1 TITLE		M	,	Change Addition	
NAME	STEPHENSON, JOHN	_	3.2 NAME		'			
STREET ADDRESS	2690 DREW STREET		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-S	T-ZIP				
TITLE		DELETE	4.1 TITLE				Change Addition	
NAME			4.2 NAME					
STREET ADDRESS	t		4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change Addition	
NAME		5.21						
STREET ADDRESS			5.3 STREE	r address				
CITY-ST-ZIP			5.4 CITY-S	T-Z∤P				
TITLE		DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	ertify that the information cumplied with t	his filing does not qualify for the	64 CITY-S		in coction	119 07(3)(i) Florida Statutos I further co	rtifu that the information	

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.