

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V09735** (4)
1. Corporation Name
L & M GYMS, INC.



Principal Place of Business
**3225 GLENWOOD CIR
HOLIDAY FL 34691**

Mailing Address
**3225 GLENWOOD CIR
HOLIDAY FL 34691**

3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3115902

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**ZIER, LAWRENCE E.
3225 GLENWOOD CIR
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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

Signature of corporation or name of registered agent (delete and type name of corporation)

(Delete) Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPT			<input type="checkbox"/>
	ZIER, LAWRENCE E.			<input type="checkbox"/>
	3225 GLENWOOD CIR			<input type="checkbox"/>
	HOLIDAY FL			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
DP	ZIER, LAWRENCE E.	3225 GLENWOOD CIR.	HOLIDAY, FL. 34691	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	TZIAMTZIS, KONSTANTINOS	41288 W HWY 19 N.	TAMPA SPRINGS, FL. 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	ZIER, RUTH	3225 GLENWOOD CIR.	HOLIDAY, FL. 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	TZIAMTZIS, IFIPENIA	41288 W HWY 19 N.	TAMPA SPRINGS, FL. 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence E. Zier **LAWRENCE E. ZIER**

4/29/96 **(F3)937-7271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE TELEPHONE

CR2E034 (12/95)