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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752888
 1. Corporation Name
WEST FLORIDA LIGHTNING AQUATICS, INC.

Principal Place of Business P O BOX 296 LARGO FL 34649	Mailing Address P O BOX 296 LARGO FL 34649
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/11/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6582968
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GENTRY, ELBERT 3072 KEENE PARK DRIVE LARGO FL 34641		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code 33771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PP	THOMPSON, RUTH 8685 124TH WAY, N SEMINOLE FL 33772	<input checked="" type="checkbox"/> DELETE	
TITLE PD	GENTRY, ELBERT 3072 KEENE PARK DR LARGO FL 34641	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PP GENTRY, ELBERT 3072 KEENE PARK DR LARGO FL 33771
TITLE SD	LIGHUISER, MICHELLE 12859 101 WAY, N LARGO FL 34643	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD TESSIER, PAUL 13379 SORRENTO DRIVE LARGO FL 33774
TITLE VPD	TOLLON, CYNTHIA 10488 SOVEREIGN DR. LARGO FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD MOREAU, PATTY 7949 IVYWOOD RD. LARGO FL. 33777
TITLE TD	CHERVEN, SANDEE 7922 IVYWOOD LRD LARGO FL 33777	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VPD ALDRICH, SHARMAN 14290 82 TERRACE N. SEMINOLE FL 33776
TITLE AST	FRANCIS, BARBARA 12256 93 STREET NORTH LARGO FL	<input type="checkbox"/> DELETE	5.1 TITLE TD NISSEN, TRISH 4463 FALLBROOK BLVD PALM HARBOR FL 34685
			6.1 TITLE 33773

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Paul M. Tossas 1/12/99 595-4110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)