

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

FILED  
May 07 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P97000099850 (4)**

1. Corporation Name

**SWIM WORLD OF FLORIDA CITY, INC.**

Principal Place of Business

Mailing Address

**1918 ROBINHOOD STREET  
SARASOTA FL 34231-3620**

**1918 ROBINHOOD STREET  
SARASOTA FL 34231-3620**



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  |                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>11/20/1997</b>                                                                                                                     |  |
| 21 5250 S. McIntosh Road                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 26 P. O. Box 9      |  | 4. FEI Number<br><b>65-0798431</b>                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Suite, Apt. #, etc. |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                     |  |
| 22 City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27 City & State     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                            |  |
| 23 Sarasota, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 28 Sarasota, FL     |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Zip                 |  | 7. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24 34233                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 25 Sarasota         |  | 29 34230-0009                                                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Country             |  | 30 Sarasota                                                                                                                                                                |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  | 10. Name and Address of New Registered Agent                                                                                                                               |  |
| JOHNSON, T.J. JR<br>1918 ROBINHOOD STREET<br>SARASOTA FL 34231-3620                                                                                                                                                                                                                                                                                                                                                                                             |  |                     |  | 81 Name Johnson, T.J., Jr.                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>5250 S. McIntosh Road                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  | 83                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  | 84 City Sarasota FL 85 Zip Code 34233                                                                                                                                      |  |
| 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 T.J. Johnson, Jr., President                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                     |  | 4/23/98                                                                                                                                                                    |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                   |  |                     |  | (NOTE: Registered Agent Signature Required when reinstating)                                                                                                               |  |

|                            |                          |                                                       |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | D                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, T.J. JR         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5146 KESTRAL PARK WAY S. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | SARASOTA FL 34231-3246   | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, JUDITH          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5146 KESTRAL PARK WAY S. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | SARASOTA FL 34231-3246   | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                                                                   |

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 12 or Block 13 if changed, or on an assignment with an address.

SIGNATURE:

4/23/98

CR2E034 (10/97)