

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 177516 (2)
1. Corporation Name
SWIM 'N' SPORT SHOPS INC



Principal Place of Business: 2396 N W 96 AVENUE MIAMI FL 33172
Mailing Address: 2396 N W 96 AVENUE MIAMI FL 33172

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) Country (25)
City & State (27)
Zip (28) Country (29)

3. Date Incorporated or Quiaered: 02/25/1954
3a. Date of Last Report: 01/13/1995
4. FL Number: 59-0717632 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

9. Name and Address of Current Registered Agent
**SIDLE, MERLE
2396 NW 96TH AVE
MIAMI, FL
33172**

10. Name and Address of New Registered Agent
81 Name: **MARK T. SIDLE**
82 Street Address (P.O. Box Number is Not Acceptable): **2396 NW 96 AVE**
83
84 City: **MIAMI** FL 85 Zip Code: **33172**

11. Pursuant to the provisions of Sections 607.0609 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE: **MARK T. SIDLE** *Mark T Sidle* 5/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIDLE, MARK	
STREET ADDRESS	2396 NW 96 AVE	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIDLE, ROSALIE	
STREET ADDRESS	2396 NW 96 AVE	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SIDLE, MERLE	
STREET ADDRESS	2396 NW 96 AVE	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RUHL, ROBERT	
STREET ADDRESS	2396 NW 96 AVE	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUHL, MARCIA J.	
STREET ADDRESS	2396 N.W. 96TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a) 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: *Robert A. Ruhl* 5/22/96 (305) 599 5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)