


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760494 (5)**

1. Corporation Name  
**CLEARWATER AQUATICS BOOSTERS, INC.**



Principal Place of Business C/O JOHN W. KENT 1301 EASTFIELD DRIVE CLEARWATER FL 34624 US	Mailing Address C/O JOHN W. KENT 1301 EASTFIELD DRIVE CLEARWATER FL 34624 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/19/1981</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business 21 <b>% BRUCE KRUMEICH</b> Suite, Apt. #, etc. 22 <b>1503 RIDGE TOP WAY</b> City & State 23 <b>CLEARWATER, FL</b> Zip 24 <b>33765</b>	2a. Mailing Address 26 <b>% BRUCE KRUMEICH</b> Suite, Apt. #, etc. 27 <b>1503 RIDGE TOP WAY</b> City & State 28 <b>CLEARWATER, FL</b> Zip 29 <b>33765</b>	Country 30 <b>US</b>
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4. FEI Number <b>59-2169574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**HEUCHAN, ANNE**  
**712 KARLYN DRIVE**  
**CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name <b>SCHULTZ, JUNE, Treasurer</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3175 SAN MATEO</b>
83
84 City <b>CLEARWATER, FL</b>
85 Zip Code <b>33759</b>

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 *June D. Schultz, Treasurer* DATE **8-31-97**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>KRUMEICH, BRUCE</b>	
STREET ADDRESS <b>1503 RIDGE TOP WAY</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>HAWKINS, LINDA</b>	
STREET ADDRESS <b>1443 JASMINE WAY</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>BRUSCA, BARBARA</b>	
STREET ADDRESS <b>681 FAIRWOOD DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>HEUCHAN, ANNE</b>	
STREET ADDRESS <b>712 KARLYN DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WOOD, BETSY</b>	
STREET ADDRESS <b>1755 W. MANOR AVENUE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RAPPELEYE, LYNN GERRY</b>	
STREET ADDRESS <b>22 TERRACE DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP <b>33765</b>
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VP STRIKOWSKY, STEPHANIE</b>
2.3 STREET ADDRESS <b>2432 STAG RUN BLVD</b>
2.4 CITY-ST-ZIP <b>CLEARWATER, FL 33765</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>T SCHULTZ, JUNE</b>
4.3 STREET ADDRESS <b>3175 SAN MATEO</b>
4.4 CITY-ST-ZIP <b>CLEARWATER, FL 33759</b>
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>D TERRY WESTLAND</b>
5.3 STREET ADDRESS <b>2453 GLENANN DR.</b>
5.4 CITY-ST-ZIP <b>CLEARWATER, FL 33764</b>
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>D ZARRILLI, GERRY LYNN</b>
6.3 STREET ADDRESS <b>2206 TERRACE DR.</b>
6.4 CITY-ST-ZIP <b>CLEARWATER, FL 33765</b>

14. I do 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.

SIGNATURE *BRUCE KRUMEICH* DATE **8-31-97** (213) (11310)

CR2E037 (4/97)