

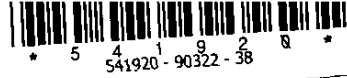
FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90143 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760494

1. Corporation Name
CLEARWATER AQUATICS BOOSTERS, INC.



Principal Place of Business 2432 STAG RUN BLVD 1503 RIDGE TOP WAY CLEARWATER FL 33765 US	Mailing Address 2432 STAG RUN BLVD 1503 RIDGE TOP WAY CLEARWATER FL 33765 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 10/19/1981
Suite, Apt. #, etc. 22 <i>delete 1503 Ridge Top Way</i>	Suite, Apt. #, etc. 27 <i>delete 1503 Ridge Top Way</i>	4. FEI Number 59-2169574
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
Zip 29	Country 30	

9. Name and Address of Current Registered Agent HAYNES, MICHELLE 104 WILLOW BRANCH AVE CLEARWATER FL 33764	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
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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: *Michelle Haynes* DATE: 4-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIONDI, JAMIE		1.2 NAME Jamie Biondi	
STREET ADDRESS 215 ELIZABETH AVE S		1.3 STREET ADDRESS 215 Elizabeth Ave S	
CITY-ST-ZIP CLEARWATER FL 33759		1.4 CITY-ST-ZIP Clearwater FL 33759	
TITLE P-Director	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRIKOWSKY, STEPHANIE		2.2 NAME	
STREET ADDRESS 2432 STAG RUN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765		2.4 CITY-ST-ZIP	
TITLE T-Director	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYNES, MICHELLE		3.2 NAME	
STREET ADDRESS 104 WILLOW BRANCH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33764		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, SHARON		4.2 NAME Sharon Jackson	
STREET ADDRESS 89 WINDWARD ISLAND		4.3 STREET ADDRESS 89 Windward Island	
CITY-ST-ZIP CLEARWATER FL 33767		4.4 CITY-ST-ZIP Clearwater FL 33767	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASEY, DON		5.2 NAME	
STREET ADDRESS 3235 SAN MATEO ST		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33767		5.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VP-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZARRILLI, GERRY L		6.2 NAME Newell Johnston	
STREET ADDRESS 2266 TERRACE DR		6.3 STREET ADDRESS 1630 Pinewood Dr	
CITY-ST-ZIP CLEARWATER FL 33765		6.4 CITY-ST-ZIP Clearwater FL 33756	

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: *Michelle Haynes* SIGNATURE REQUIRED DATE: 4-19-99 DAYTIME PHONE # 447-8193

CR2E037-11/98