FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							_ FILED				
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			May 01 1998 8:00am Secretary of State					
····	MENT #	F10988	(6)				,	, 01	~ • • •		
SWIM (	GYM, INC.										
Principal Place of Business  4404 PONCE DE LEON BLVD  CORAL GABLES FL 33146			Mailing Address  4404 PONCE DE LEON BLVD  CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated	or Qualified	•			
	lace of Business		2a. Mailing Address	<del></del> -		12/08/1980 4. FEI Number			Apı	olied For	
	5 <u>SW</u> .	リス AUE	26 9800 SU	07LA	WE	59-2051052				Applicable	
Suite, Apt.			Suite, Apt. #, etc.			5. Certificate of State	ıs Desired [		3.75 A Fee Re	dditional pulred	
City & State			City & State  28 Misseli,	T		6. Election Campaig Trust Fund Contri			5.00 ( Added to		
<sup>Zip</sup> 33	176 25	ountry USA	71p 29 35156	Count	ŠA	8. This corporation of Personal Property				ngible No	
	····	Address of Current R	legistered Agent		. T	10. Name and Addre		stered Agen	t		
	RAUSS, JENNIE	FAN		8	_	JENNIE STR		<u></u>			
	04 PONCE DE LI PRAL GABLES FL			8:	Street Ad	dress (P.O. Box Number is	Not Acceptable)	)			
	THE GREECH I	. 00140		8		Dec Sa II	WL.		-		
				8	City	11		85	Zip C	ode	
44 Pursuant	to the pentieron o	f Sections: 607 0503 a	ud 607 1609 Florido St	atuter the abo		LIAMI	amont for the our	FL O	3 <u>8</u>	56	
office or re agent. La	egistered agent, o m familiar with, an	r both, in the State of d accept the obligation	Florida: Such change wins of, Section 607.0505	as authorized t Florida Statut	by the corpor as.	orporation submits this state ration's board of directors.	I hereby accept t	he appointm	ent as r	egistered	
SIGNATURE	Signature formed or prost-	च्यां महामार औं समुद्रान्तमान अपूर्णने स्व	not fills of areasis about	NOTE Recustered A	nent signal ire rec	guired when reinstaling)		DATE	-		
12.	Organica (, 131) d to positi	OFFICERS AND D		13.	,	ADDITIONS/CHAN		RS AND DIR		N 12	
TITLE	P		☐ DELETE	1.3 TITLE		) 	-+-	<b>V</b> 23 (	hange	Addition	
NAME CZOSEZ ADODECC	STRAUSS, RE	ubehi De Leon Blvd.		1.2 NAME	ET ADDRESS	PRAYES, ROBER	- ( . Luce:				
STREET ADDRESS City-St-Zip	MIAMI FL	DE LEON BEID.		1.4 CITY-	ST-7IP	Miami, Fl 8	3156				
THTLE	VS	····	☐ DELETE	2 1 TITLE	1	5		70	hange	Addition	
NAME	STRAUSS, JE			22 NAM	- E	STEMSO, JEWN					
STREET ADDRESS		DE LEON BLVD.				1800 SW 71 M					
CITY-ST-ZIP TITLE	MIAMI FL		☐ DELETE	2 4 CITY 3 1 TITLE		JIMN, F) 83	<u> </u>	П	hange	Addition	
NAME				32 NAME							
STREET ADDRESS				3.3 STRE	ET ADDRESS						
CITY-ST-ZIP				34. CITY							
TITLE			DELETE	4.1 TITLE					Change	Addition	
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STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP	<del></del>	<del></del>	DECETE	5.4 CITY -				П	hanne	Addition	

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 attachment with an address.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Strauss Jenne

4/24/98