PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

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

Secretary of State

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90069 012 ***150.00

	VIEIN # F/6136									
1. Corporation Name										
LIFESTY	LE SWIM SCHOOL, INC.									
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Principal Place	of Rusiness	Mailing Address				1881191) 1881 1 0010 6 3101 61000	ISING WILL WINDIN W		
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1298 SW 15TH ST 1298 SW 15TH ST BOCA RATON FL 33486 BOCA RATON FL 33486										
BOOM HATON PL 33480 BOOM HATON PL 33400							DO NOT WE	RITE IN THIS	SPACE	
					ŀ	3 Date Incom	orated or Qualife			
						04/06/19				
		A Marillan Address				4. FEI Numbe				pplied For
	face of Business	2a. Mailing Address								lot Applicable
21 26 Suite Ant # atc						59-21739	112			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			ļ	5. Certifcate of	f Status Desired			Required
22		27								
City & State	e	City & State					mpaign Financing	'	•	May Be
23		28					Contribution			to Fees
Zip	Country	Zip	Country	•		8. This corpor	ation owes the cu	rrent year int		
24	25	29	30				operty Tax.		☑ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and	Address of New	Registered	Agent	
			81	Name						
MCK	ay, robert b		00	Chunch	Addron	o /D O Boy Nor	nber is Not Accep	table)		
1298 SW 15TH ST			82	Street	Addres	SS (P.O. DOX NUI	mer is Not Accep	itable)		
BOCA RATON FL 33486			83							
			84	City				FL	85 Zip	Code
				l					<u>. </u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the above	e-named	corpora	ation submits thi	s statement for th	e purpose of ent the annoi	changing it ntment as r	s registered egistered
oπice or n	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes	ine corpe	Jiadon	s board or direct	iora. Prioretty door	opt and appea		
	,,,,									
CONTRACTOR										Ţ
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Age	nt signature re	equired w	when reinstating)		DATE		
SIGNATURE		at and title if applicable. (NOTE:	Registered Age	nt signature re	equired w		CHANGES TO C		ID DIRECT	
	OFFICERS AN			nt signature re	ı		CHANGES TO C		ID DIRECT	
12.	OFFICERS AN	D DIRECTORS	13.	nt signature re	v	ADDITIONS				
12. TITLE NAME	PS MCKAY, ROBERT B	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		v	ADDITIONS				
12. TITLE NAME STREET ADDRESS	PS MCKAY, ROBERT B 1298 SW 15TH ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS	V McK 129	ADDITIONS Vay, Kath 98 S.W. 1	leen K. 5th St.	FFICERS AN		
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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 an an attachment with an address, with all other like empowered.

SIGNATURE: