

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90025 033 ***150.00

DOCUMENT # G28572

1. Corporation Name

BOCA RATON SWIM TEAM, INC.

Principal Place of Business

% XAVIER JUAN WAHNER
4000 N. FEDERAL HWY. SUITE 206
BOCA RATON FL 33431

Mailing Address

% XAVIER JUAN WAHNER
4000 N. FEDERAL HWY. SUITE 206
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1983

4. FEI Number

59-2281404

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

WAHNER, XAVIER JUAN
4000 N. FEDERAL HWY. SUITE 206
BOCA RATON FL 33431

2a. Mailing Address

26 P.O. Box 2859

27 Suite, Apt. #, etc.

28 City & State

Boca Raton, Florida

29 Zip

33427

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WAHNER, XAVIER J

STREET ADDRESS 1290 NW 8TH ST

CITY-ST-ZIP BOCA RATON, FL 00000

TITLE D ☐ DELETE

NAME BOPP, WILLIAM

STREET ADDRESS 1400 SW 21ST LANE

CITY-ST-ZIP BOCA RATON, FL 00000

TITLE SD ☐ DELETE

NAME WAHNER, GLENDA M

STREET ADDRESS 1290 NW 8TH ST

CITY-ST-ZIP BOCA RATON, FL 00000

TITLE D ☒ DELETE

NAME YOUNG, EDWIN W.

STREET ADDRESS 2102 S. FEDERAL HWY.

CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☐ DELETE

NAME WAHNER, JORGE J.

STREET ADDRESS 4000 N. FEDERAL HWY.

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Xavier Juan Wahner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Xavier Juan Wahner

1-21-99

Date

561-392-5020

Daytime Phone #

CR2E034 (11/98)

0336575