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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G30012

(0)

EDUCATIONAL AQUATICS, INC.

FILED

May 01 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address										
2930 S.W. 121 AVENUE MIAMI FL 33175			2830 S.W. 121 AVENUE MIAMI FL 33175-2314							
						3. Date Incorporated or Qualified 03/22/1983	3a. Date of Last Report 04/29/1996			
2. Principal Place of	Business	2a. Mailing Address 26	-1			4. FEI Number 59-2293548	Applied For Not Applicabl			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	 			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199 032, Yes			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
HAHN, SANDRA S					Name					
2930 S.W MIAMI FL	. 121 AVENUE . 33175				Street Addres	at Address (P.O. Box Number is Not Acceptable)				
,				83						
			Ì	84	City		FL 85 Zip Code			
office or register	ed agent, or both, in the St	0502 and 607.1508, Florida S late of Florida. Such change v oligations of, Section 607.050	was authorized	d by	the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered			
SIGNATURE Signature	e, typed or printed name of registeres	Lagent and tile if apply able	(NOTE: Registered	Ager	nt signature required	d when reinstating)	DATE			

					FL T	
office or r	to the provisions of Sections 607.0502 ar egistered agent, or both, in the State of F	itorida. Such change was a	uthorized by the corpora	poration submits this statemention's board of directors. The	nt for the purpose of changing reby accept the appointment	its registered as registered
agent. La	m familiar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statutes		7 ,	5
SIGNATURE	Signature, typed or printed name of registered agent an	d the dangle stop (NOT)	Registered Agent signature requi	ied when roinstation	DAIL	
12.	OFFICERS AND D	13.		TO OFFICERS AND DIRECTO	DRS IN 12	
TITLE	PST	DELETE	1.1 TITLE		Chang	
NAME	HAHN, SANDRA		1.2 NAME		_ ,	
STREET ADDRESS	2930 S.W. 121 AVENUE		13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4 Cily - SI - ZiP			
TITLE	D	DELETE	2.1 TITLE		Chano	Addition
NAME	HAHN, TEOMARA A		2.2 NAME			_
STREET ADDRESS	2930 S.W. 121 AVENUE		2.3 STREET ADDRESS		3	
CITY-ST-ZIP	MIAMI FL 33175		2 4 CITY-S1-7F			
TITLE		☐ DELF1E	3.1 1ITLE		☐ Chang	e Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-S1-ZIF			
TITLE		DELETE	4.1 TOLE		Chang	Addition
NAME			4 2 NAME			
STREET ADDRESS		,	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 YOLE		☐ Chang	e 🔲 Addilion
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TITLE		DELETE	G.1 7/TLE		Chang	e 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 CHY-SL-7/P			

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 logal 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.

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