## 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

## DOCUMENT # G30012

**EDUCATIONAL AQUATICS, INC.** 

<u> </u>		
Principal Place of Business	Mailing Address	
000 OW 404 AVENUE	2020 CW 121 At	

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90081 027 \*\*\*150.00



2930 S.W. 121 A MIAMI FL 33175		NUE 2930 S.W. 121 AVENUE MIAM) FL 33175					
					DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IIS SPACE	
					03/22/1983	·	
2. Principal P	lace of Business	2a. Mailing Address		- <u>-</u> -	4. FEI Number	App	lied For
21		26			59-2293548	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> Ac Fee Rec	
City & State	e	City & State	· <del>-</del>		6, Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	,
Zip 24	Country 25	Zip 29 3	Country	i	This corporation owes the current year     Personal Property Tax.		
241	9. Name and Address of Curr				10. Name and Address of New Registers	ed Agent	
			81	Name			
	n, sandra s S.W. 121 avenue		82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u></u>	
	Al FL 33175		83				
			84	City	F	85 Zip C	ode
office or n	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was aut gations of, Section 607.0505, Florid	nonzeo by la Statutes	ine corporau S.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered i
	Signature, typed or printed name of registered a	<u> </u>	<del>-</del>	nt signature require	ed when reinstating) DATE	AND DIDECTOR	20 111 12
12.		AND DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PST	☐ DELETÉ	1.1 TITLE	رقبا	1ANUEL J. HAHN 1930 SW 121 AVEN MIAMI, FL. 33175	onongo	<b>W</b> , 100,000
NAME	HAHN, SANDRA		1.2 NAME		AVEN	UE	
STREET ADDRESS	2930 S.W. 121 AVENUE			TADDRESS	1930 04 121		Ì
CITY-ST-ZIP	MIAMI FL 33175	DELETE	1.4 CITY-S	IT-ZIP	MIHMI, PL. 33173	☐ Change	Addition
TITLE	D	DELETE	2.1 TITLE				☐ Addition
NAME	HAHN, TEOMARA A		2.2 NAME				
STREET ADDRESS	2930 S.W. 121 AVENUE			TADDRESS			
CITY-ST-ZIP	MIAMI FL 33175	Closuster:	2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		DELETE -	3.1 TITLE	)		onunge	- radidon
NAME			3.2 NAME				
STREET ADDRESS							
				TADDRESS			
CITY-ST-ZIP		- Closuste	3.4. CITY-			☐ Change	☐ Addition
TITLE		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change	☐ Addition
		DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP		☐ Change	Addition
TITLE		DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP		☐ Change	☐ Addition
TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	ST-ZIP			
TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CITY-4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			3.4. CITY-1 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ST-ZIP  ET ADDRESS  ST-ZIP	·		
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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 on an attachment with an address, with all other like empowered.