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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

ST AUGUSTINE SWIM TEAM INC

20   Proposed Page of Suriness   23   Augustine FL 2006   10/25/1991	Principal Place	of Business	Mailing Address			10/25/1991  4. FEI Number				
St. AUGUSTINE FL. 2008  S. J. Dulle Incorporated or Qualified  S. Dulle Proporated or Qualified  S. Dulle Pr	•		· ·							
2. Propopol Pare of Guinness 3. Data Propopolar of Country 3. Suite Apr. # etc. 3. Suit				085						
10/25/1991   05/01/1995   05/	US	· · - · - · · · · · · · · · · · · · ·	US			3. Date Incord	norated or Qualified	3a. Date	e of Last F	Report
Supplementary   Supplementar										
Suite, April F, etc.    Suite, April F, etc.   Suite	2. Principal Pla	ce of Business	2a. Mailing Address							applied For
Security			·			59-3	083490		N.	lot Applicable
Country   2   2   2   3   3   5   ALUG   U.S.H. ne   F   2   2   3   3   5   ALUG   U.S.H. ne   F   2   2   3   3   5   ALUG   U.S.H. ne   F   2   2   3   3   5   ALUG   U.S.H. ne   F   2   3   3   5   ALUG   Statutes   F   2   3   3   5   ALUG   Statutes   F   2   3   3   ALUG   Statutes   F   2   3   ALUG   Statutes   F   2   3   ALUG   Statutes   F   2   ALUG   F   2   ALUG   ALUG   F   2   ALUG   F	-	, etc.	<b>—</b>			5. Certificate of	of Status Desired			
20 Confly 20 So	City & State					6. Election Ca	mpaign Financing		\$5.00	May Be
300	3 St.Au		<del>                                     </del>	1 -						
10. Name and Address of Ecurrent Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name an	፲፲ <sup>Zip</sup> ጔ ገለባ	Country	···········	<b>—</b>	ntry					199.032,
STEET ADDRESS   STATE ROAD   ST. AUGUSTINE FL 32085   Steet Address STO. Bot Number in Not Acceptance)	4 300	9 Name and Address of Current	<u></u>	[30]					<del></del>	
881 KINGS ESTATE ROAD  ST. AUGUSTINE FL 32085  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing with and accept the obligations of Special of 17,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing with and accept the obligations of Special of 17,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing with a registered officer. I writer to export the obligations of Special of 17,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing with a registered officer. I writer submits the corporation's board of decions. I writer submits the statement for the purpose of changing and the registered officer. I writer to corporation's board of decions. I writer submits the statement for the purpose of changing and the submits the statement for the purpose of changing and the submits the statement for the purpose of changing and the submits the statement for the purpose of changing and the submits the statement for the purpose of changing and the submits the statement for the purpose of changing and the submits the submits the statement for the purpose of changing and the submits to corporation's board of decions. I write the purpose of changing and the submits the submits the submits the submits the submits to corporation's board of decions. I write the purpose of changing and the submits the sub					81 Name	<del> </del>			<u></u>	
881 KINGS ESTATE ROAD ST. AUGUSTINE FL 32085  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, or both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, or both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, or both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, or both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, or both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, to both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or pregistered agent, to both, in the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office.  12. Augustine FL  13. AUGUSTINE FL  13. AUGUSTINE FL  14. AUGUSTINE FL  14. AUGUSTINE FL  14. AUGUSTINE FL  15. AUGUSTINE FL  16. Augustine FL  17. Augustine FL  17. Augustine FL  18. Augustine FL  19. Augustine FL  29. Augustine FL	JONES	SHERRY			92 Street	Address /P.O. Boy Nur	V-1 V-1	(ماد		
ST. AUGUSTINE FL 32085    St. Augustine   FL   85   300005   St. Augustine   FL   85   300005   St. Augustine   FL   85   300005   St. Augustine   FL   86					1 4 7					
11. Fursuari to the provisions of Sections 617,0502 and 617,1508. Floods Statutes, the above-named corporation submits his statement for the purpose of changing its registered officer or registered agent, or both in the State of Flonds. Such change was authorized by the corporation's board of directors. I hareby accept the approximent as registered agent. I am directors thanks with and accept the obligations of . Section 617,0502. Flonds Statutes.  SIGNATURE    Cure				,						
11. Pressant to the provisions of Sections 617 0502 and 617 1508. Foods Statuties, the above-hamed comporation submits this statement for the purpose of changing its registered office pregistered agent. To this, the State of Floreds Such change was entropied by the Cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the Cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the Cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the Cooperation's board of crectors. Prerby accept the appointment as registered office or the cooperation's board of crectors. Prerby accept the appointment as registered office or the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's board of crectors. Prerby accept the appointment as registered agent. I am territorized by the cooperation's					-J7( .	<u> Augustine</u>	<u> </u>		Tes Zin	Code
or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, ihereby accept the appointment as registered agent. I am furnifier with endologistoms of Specinal State of Florida Such change was authorized by the corporation's board of directors, ihereby accept the appointment as registered agent. I am furnifier with endologistoms of Specinal Speci					Uniy			FL	**  3%	JU95
SIGNATURE    CUTE   CONTINUE   CUTE	11. Pursuant to	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida	and 617.1508, Florida Statute	es, the abo	ve named co	proporation submits this a	statement for the pur	rpose of char	iging its re	agistered office
Deputies, by a fire percent name of segment approach to protect approach to percent name of segment name of segment approach to percent name of segment name of se	familiar with	h, and accept the obligations of Section	in 617.0503, Florida Statutes	·	orporation s	O 'I		Official Last	~ .	agont, ram
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	CITY-ST-ZIP	ST. AUGUSTINE FL				St. Augustin	FL 3206	4	XX	1/25/
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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						alify for the exemption s	tated in Section 119	07(3)(k), Flor		es I further
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	oath; that I	I am an officer or director of the corpor	ation or the receiver or truste	e empowe	red to execu	te this report as require	d by Chapter 617, F	lorida Statute	s; and the	at my name

SIGNATURE:

Kausem. Soule
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

511196 904-823-US35