

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000001592 (5)**

1. Corporation Name
CORAL SPRINGS MASTERS SWIM PROGRAM, INC.



Principal Place of Business Mailing Address
 12441 ROYAL PALM BLVD. 12441 ROYAL PALM BLVD.
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. State, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Country
 24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified **04/02/1993** 3a. Date of Last Report **03/16/1995**
 4. FEI Number **65-0297424** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LUSTIG, PHILIP
9937 MAJORCA PLACE
BOCA RATON FL 33434

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 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. 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 617.0503, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D LUSTIG, PHILIP
STREET ADDRESS	9937 MAJORCA PLACE
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BOX, ROBERT
STREET ADDRESS	6831 SW 10 ST
CITY - ST - ZIP	NORTH LAUDERDALE FL 33068
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HUTTO, JOE
STREET ADDRESS	12724 NW 18 CT
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	D John Cernick
23. STREET ADDRESS	569 NW 87th TR
24. CITY - ST - ZIP	Coral Springs FL 33071
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	D SUSAN LUDWIG
33. STREET ADDRESS	10333 NW 49 COURT
34. CITY - ST - ZIP	CORAL SPRINGS, FL 33076
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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 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.

SIGNATURE: _____ 1-17-96 (407) 487-2481
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)