

... FILING FEE IS \$61.25 <sup>61250</sup>

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

01-28-1999 90049 010 \*\*\*\*\*61.25

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

**DOCUMENT # N94000000095**  
 1. Corporation Name  
**AQUATIC EXERCISE ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 902 ALBEE ROAD                      902 ALBEE ROAD  
 NOKOMIS FL 34275                    NOKOMIS FL 34275



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0454105	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LIKENS, CHRISTOPHERH A</b> <b>1800 2ND ST STE 808</b> <b>SARASOTA FL 34236</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEE, JULIE			1.2 NAME			
STREET ADDRESS	820 ALBEE RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL			1.4 CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, ANGIE			2.2 NAME			
STREET ADDRESS	950 PINTO CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLAND SEE			3.2 NAME			
STREET ADDRESS	820 ALBEE RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSELLA, PATRICIA			4.2 NAME			
STREET ADDRESS	64 LIVINGSTON AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRANFORD NJ 07016			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFF, KIM			5.2 NAME			
STREET ADDRESS	86 PEMBROKE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	KENILWORTH NJ 07033			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, DANIEL			6.2 NAME			
STREET ADDRESS	950 PINTO CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275			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 617, 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: Angie E. Nelson 1/10/99 941-4868650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)