


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90116 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001460					
1. Corporation Name PASCO SUNCOAST SWIM TEAM, INC.					
Principal Place of Business VETERANS MEMORIAL PARK HUDSON FL 34669 US			Mailing Address P.O. BOX 7330 HUDSON FL 34674 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/21/1994	
				4. FEI Number 59-3233004	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ELLROD, MATTHEW D 5645 NEBRASKA AVENUE NEW PORT RICHEY FL 34652				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEIGHTMAN, ELLEN			1.2 NAME	Bried, James		
STREET ADDRESS	13107 SUMPTER CIR			1.3 STREET ADDRESS	15302 Teresa Blvd		
CITY-ST-ZIP	BAYONET PT FL 34667			1.4 CITY-ST-ZIP	Hudson, FL, 34669		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FINNERAN, DAWN			2.2 NAME	Anderson, Marilyn		
STREET ADDRESS	15836 LYLE CIR.			2.3 STREET ADDRESS	11256 Blackwood Dr.		
CITY-ST-ZIP	HUDSON FL			2.4 CITY-ST-ZIP	New Port Richey, FL 34654		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARMARPITO, MARIANNE			3.2 NAME	Biren, Jeannine		
STREET ADDRESS	2204 GOLD RD			3.3 STREET ADDRESS	9906 Lakeview Dr.		
CITY-ST-ZIP	SPRING HILL FL 34609			3.4 CITY-ST-ZIP	New Port Richey, FL 34654		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *James Bried* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

(727) 862-7736

CR2E037 (11/98)