


FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90012 010 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N95000005763 | | | | | |
| 1. Corporation Name SWIM FOR LIFE FOR BROWARD COUNTY, INC. | | | | | |
| Principal Place of Business 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 | | | Mailing Address 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 12/04/1995 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0630343 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent MATHENEY, J R 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 | | | 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 resigning) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MATHENEY, J R 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOOTHROYD, RICHARD C 4933 NUTMEG AVE SARASOTA FL 34231 | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHELEKIS, RICHARD L 500 SE 3RD AVENUE DELRAY BEACH FL 33444 | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Director Young, William J. Shelby, North Carolina 28152 | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3039 Long Wood Drive | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> DELETE | | |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Robert Mathenev, President

8/9/99 (954) 776-

6069

CR2E037 (5/99)