


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000559 (2)**

1. Corporation Name

**BLUE WAVE SWIM TEAM, INC.**



Principal Place of Business <b>14320 DIPLOMAT DRIVE TAMPA FL 33613</b>	Mailing Address <b>14320 DIPLOMAT DRIVE TAMPA FL 33613-3107</b>
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3. Date Incorporated or Qualified <b>02/01/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>26</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, JEFFERY R  
1755 W BRANDON BLVD.  
SUITE J  
BRANDON FL 33511-4860**

81 Name <b>JEFFREY R WARD</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1419 BERKSHIRE DR.</b>
83 <b>BRANDON</b>
84 City <b>FL</b>
85 Zip Code <b>33511</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BANKS, PETER</b>		1.2 NAME <b>JEFFERY R WARD</b>	
STREET ADDRESS <b>14320 DIPLOMAT DRIVE</b>		1.3 STREET ADDRESS <b>11601 ROOSEVELT BOULEVARD</b>	
CITY-ST-ZIP <b>TAMPA FL 33613</b>		1.4 CITY-ST-ZIP <b>ST PETERSBURG 33716</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BANKS, MAUREEN</b>		2.2 NAME	
STREET ADDRESS <b>14320 DIPLOMAT DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33613</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELEARY, SHAWN</b>		3.2 NAME	
STREET ADDRESS <b>1010 BRIDLEWOOD WAY</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELEARY, MARY</b>		4.2 NAME	
STREET ADDRESS <b>1010 BRIDLEWOOD WAY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		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 do 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.

SIGNATURE \_\_\_\_\_ DATE **6/18/97** **8:24:18-2125**

CR2E037 (9/96)