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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000559

1. Corporation Name

BLUE WAVE SWIM TEAM, INC.

Principal Place of Business

Mailing Address

~~14320-Diplomat-Dr.~~  
~~Tampa, FL 33613~~

3. Date Incorporated or Qualified  
2/1/96

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 405 Beverly Blvd.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brandon, FL

28 City & State

24 Zip

Country

29 Zip

Country

33511

USA

30

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Jeffery-Renick-Ward~~  
~~1755-W. Brandon Blvd., Suite 3~~  
~~Brandon, FL 33511-4860~~

81 Name J. Gregory Humphries, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
20 N. Orange Ave.

83 Suite 1000

84 City Orlando

FL 85 Zip Code 32801

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

*J. Gregory Humphries*

1000025/209851

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

(NOTE: Registered Agent signature required when constituting 05/12/98--01098-003

12. OFFICERS AND DIRECTORS	
TITLE	PDT Peter Banks <input checked="" type="checkbox"/> DELETE
NAME	14320 Diplomat Dr.
STREET ADDRESS	Tampa, FL 33613
CITY-ST-ZIP	
TITLE	SDV Maureen Banks <input checked="" type="checkbox"/> DELETE
NAME	14320 Diplomat Dr.
STREET ADDRESS	Tampa, FL 33613
CITY-ST-ZIP	
TITLE	DS Jeffrey R. Ward <input checked="" type="checkbox"/> DELETE
NAME	11601 Roosevelt Blvd.
STREET ADDRESS	St. Petersburg, FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	PD Patricia M. Clark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	405 Beverly Blvd.
1.3 STREET ADDRESS	Brandon, FL 33511
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD Bill Barker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	405 Beverly Blvd.
2.3 STREET ADDRESS	Brandon, FL 33511
2.4 CITY-ST-ZIP	
3.1 TITLE	TD Paul Ross <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	405 Beverly Blvd.
3.3 STREET ADDRESS	Brandon, FL 33511
3.4 CITY-ST-ZIP	
4.1 TITLE	DS Lynn Coyle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	405 Beverly Blvd.
4.3 STREET ADDRESS	Brandon, FL 33511
4.4 CITY-ST-ZIP	
5.1 TITLE	D Bruce E. Marriner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	405 Beverly Blvd.
5.3 STREET ADDRESS	Brandon, FL 33511
5.4 CITY-ST-ZIP	
6.1 TITLE	D Donna Overman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	405 Beverly Blvd.
6.3 STREET ADDRESS	Brandon, FL 33511
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.

SIGNATURE:

Bruce E. Marriner, Dir. 4/30/98 813/620-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)

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Attachment to Annual Report of BLUE WAVE SWIM TEAM, INC.  
Document #N96000000559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 Title	D	<u>x</u> Addition
7.2 Name	Judy Marks	
7.3 Street Address	405 Beverly Blvd.	
7.4 City/St/Zip	Brandon, FL 33511	

Form **SS-4**

(Rev. December 1995)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.) <b>Blue Wave Swim Team, Inc.</b>		3 Executor, trustee, "care of" name							
2 Trade name of business (if different from name on line 1) <b>Blue Wave</b>		5a Business address (if different from address on lines 4a and 4b)							
4a Mailing address (street address) (room, apt., or suite no.) <b>405 Beverly Blvd.</b>		5b City, state, and ZIP code							
4b City, state, and ZIP code <b>Brandon, FL 33511</b>		6 County and state where principal business is located <b>Hillsborough County, Florida</b>							
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>Patricia M. Clark, President</b>		▶ <b>266-71-3702</b>							
8a Type of entry (Check only one box.) (See instructions.)									
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator—SSN _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ▶ _____ <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>Swim Club</b> (enter GEN if applicable) _____ <input type="checkbox"/> Other (specify) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country							
State <b>Florida</b>		N/A							
9 Reason for applying (Check only one box.)									
<input checked="" type="checkbox"/> Started new business (specify) ▶ <b>Swim Club</b> <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>February 1, 1996</b>		11 Closing month of accounting year (See instructions.) <b>December</b>							
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ <b>N/A</b>									
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . ▶									
<table border="1"> <tr> <td>Nonagricultural</td> <td>Agricultural</td> <td>Household</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				Nonagricultural	Agricultural	Household	0	0	0
Nonagricultural	Agricultural	Household							
0	0	0							
14 Principal activity (See instructions.) ▶ <b>Promotion of competitive swimming</b>									
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____									
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____									
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.									
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ <b>N/A</b> Trade name ▶ _____									
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN <b>N/A</b> _____									
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.									
Name and title (Please type or print clearly.) ▶ <b>Patricia M. Clark, President</b>		Business telephone number (include area code) <b>(813) 689-0908</b> Fax telephone number (include area code) <b>(813) 681-3028</b>							
Signature ▶ <i>Patricia M. Clark</i>		Date ▶ <b>4-29-98</b>							

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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