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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000559

1. Corporation Name

BLUE WAVE SWIM TEAM, INC.

Principal Place of Business

405 BEVERLY BLVD
BRANDON FL 33511

Mailing Address

405 BEVERLY BLVD
BRANDON FL 33511



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		-APPLIED FOR 9-3527380	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

J. GREGORY HUMPHRIES, ESQ
20 N ORNAGE AVE
SUITE 1000
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	Stephen G. Connett		
82 Street Address (P.O. Box Number is Not Acceptable)	111 E. Mason St		
83			
84 City	Brandon	85 Zip Code	33511

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

2-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PATRICIA M CLARK	1.2 NAME	Peter Banks
STREET ADDRESS	405 BEVERLY BLVD	1.3 STREET ADDRESS	14320 Diplomat Dr
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	Tampa, FL 33613
TITLE	VPD	2.1 TITLE	VOP
NAME	BILL BARKER	2.2 NAME	Richard Carroll
STREET ADDRESS	405 BEVERLY BLVD	2.3 STREET ADDRESS	3902 Ryelwood Ct
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	TD	3.1 TITLE	FO
NAME	PAUL ROSS	3.2 NAME	Jan Fabry
STREET ADDRESS	405 BEVERLY BLVD	3.3 STREET ADDRESS	3516 Autumn Glen Dr
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	DS	4.1 TITLE	DS
NAME	LYNN COYLE	4.2 NAME	Mary Beth Carroll
STREET ADDRESS	405 BEVERLY BLVD	4.3 STREET ADDRESS	3902 Ryelwood Ct
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	D	5.1 TITLE	
NAME	BRUCE E MARRINER	5.2 NAME	
STREET ADDRESS	405 BEVERLY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DONNA OVERMAN	6.2 NAME	
STREET ADDRESS	405 BEVERLY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE:

Peter Banks
SIGNATURE REQUIRED

01/29/99 813 689-0908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (1/98)

237935-90035-12
N96006000559

Board of Directors
Bill Barker
3503 Pine Club Ct.
Plant City, Fl 33567

Board of Directors
Judy Marks
1404 Front Street
Valrico, Fl 33594

Board of Directors
Kim McGrath
3907 Rolling Terrace Lane
Valrico, Fl 33594