


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 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 # **N96000005496 (2)**

1. Corporation Name

**JACKSONVILLE AQUARIANS SYNCHRONIZED SWIMMING, IN C.**

Principal Place of Business

Mailing Address

**11.666 SPARKLEBERRY LANE  
JACKSONVILLE FL 32223-1861**

**11.666 SPARKLEBERRY LANE  
JACKSONVILLE FL 32223-1861**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1996</b>	3a. Date of Last Report <b>NA</b>
21 <b>115 Naugatuck Drive</b>	26 <b>115 Naugatuck Drive</b>	4. FEI Number <b>59-3441761</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	27	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 checked="" type="checkbox"/> No	
23 <b>Jacksonville FL</b>	28 <b>Jacksonville FL</b>	Zip		Country	
24 <b>32226</b>	25 <b>Duval</b>	29 <b>32226</b>	30 <b>Duval</b>	9. Name and Address of Current Registered Agent	

**EVERLINE, LYNDIA N  
11.666 SPARKLEBERRY LANE  
JACKSONVILLE FL 32223-1861**

81 Name	<b>Carol Dickinson</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3747 First Street, South</b>
83	
84 City	<b>Jacksonville Beach FL</b>
85 Zip Code	<b>32250</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

*Carol Dickinson*

**April 28, 1997**

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVERLINE, LYNDIA N</b>	1.2 NAME	<b>Dickinson, Carol</b>
STREET ADDRESS	<b>11.666 SPARKLEBERRY LANE</b>	1.3 STREET ADDRESS	<b>3747 First Street, South</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32223-1861</b>	1.4 CITY - ST - ZIP	<b>Jacksonville Beach, FL 32250</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDERMOTT, JUDITH</b>	2.2 NAME	
STREET ADDRESS	<b>1,817 N SHERRY DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32223</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAARI, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>12,662 STALLION CT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32223</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPER, KITTY</b>	4.2 NAME	
STREET ADDRESS	<b>11,831 TOTREE LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32223</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:

*Carol Dickinson*

**April 28, 1997**

**904/285-7660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005962

CR2E037 (9/96)