

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 003 ****61.25

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

DOCUMENT # N98000004465

1. Corporation Name

FOUNDATION FOR AMATEUR SWIMMERS OF TODAY, INC.

Principal Place of Business

1887 S.W. 17TH ST.
BOCA RATON FL 33486

Mailing Address

1887 S.W. 17TH ST.
BOCA RATON FL 33486

2. Principal Place of Business 21 _____ Suite, Apt. #, etc. _____ 22 City & State _____ 23 Zip _____ Country _____ 24 _____ 25 _____	2a. Mailing Address 26 _____ Suite, Apt. #, etc. _____ 27 City & State _____ 28 Zip _____ Country _____ 29 _____ 30 _____	3. Date Incorporated or Qualified 08/04/1998 4. FEI Number _____ 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

9. Name and Address of Current Registered Agent

FISHMAN, ELIZABETH
 1887 S.W. 17TH ST.
 BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name _____	85 Zip Code _____
82 Street Address (P.O. Box Number is Not Acceptable) _____	
83 _____	
84 City _____	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Elizabeth Fishman
STREET ADDRESS		1.3 STREET ADDRESS	1887 SW 17th St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton FL 33486
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Paul Abell
STREET ADDRESS		2.3 STREET ADDRESS	942 SW 3rd St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton FL 33486
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	S/T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Julie Strohsahl
STREET ADDRESS		3.3 STREET ADDRESS	1025 NW 5th St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton FL 33486
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Elizabeth Fishman **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-99

Date

561-447-9788

Daytime Phone #

CR2E037 (5/99)