

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000002409 (9)**

1. Corporation Name
SWIMAMERICA, INC.

Principal Place of Business
**301 S E 20TH ST
FT. LAUDERDALE FL 33316
US**

Mailing Address
**301 S E 20TH ST
FT. LAUDERDALE FL 33316-2850
US**



2. Principal Place of Business

2a. Mailing Address

21 **2101 N. Andrews Ave**

26 **2101 N. Andrews Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 107**

27 **Suite 107**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33311**

25 **USA**

29 **33311**

30 **USA**

9. Name and Address of Current Registered Agent

**LEONARD, JOHN
301 S E 20TH ST
FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified
01/06/1993

3a. Date of Last Report
04/19/1996

4. FEI Number
65-0388427

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE
NAME **D LEONARD, JOHN**
STREET ADDRESS **301 SE 20TH STREET**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D MONTRELLA, JIM**
STREET ADDRESS **1488 PEMBERTON DR**
CITY - ST - ZIP **COLUMBUS OH 43221**

TITLE ☐ DELETE
NAME **D DALAND, PETER**
STREET ADDRESS **4235 LAUREL GLEN**
CITY - ST - ZIP **MOORE PARK CA 93021**

TITLE ☐ DELETE
NAME **D BLAIR, PAUL**
STREET ADDRESS **1 HUNTINGTON DR**
CITY - ST - ZIP **LITTLE ROCK AR 72207**

TITLE ☐ DELETE
NAME **D HANSEL, PHILL**
STREET ADDRESS **2426 RICHTON ST**
CITY - ST - ZIP **HOUSTON TX 77098**

TITLE ☐ DELETE
NAME **D MCKEE, KATHY**
STREET ADDRESS **4025 WOODRIDGE WAY**
CITY - ST - ZIP **TUCKER GA 30084**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0275956

CR2E034 (9/96)