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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 PM 3:25

DOCUMENT # P94000084203 (6)

1. Corporation Name
LITTLE FISH SWIM SCHOOL, INC.

Principal Place of Business	Mailing Address
16658 BLATT BLVD. 93 FT LAUDERDALE FL 33326	16658 BLATT BLVD. 93 FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 357 Racquet Club Rd	26 16658 Blatt Blvd	65-0533004	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. #93	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
23 City & State: Fort Lauderdale FL	28 City & State: Fort Lauderdale FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33326 25 Country: U.S.A.	29 Zip: 33326 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GRANT, ROBERT C
16658 BLATT BLVD, 93
FT LAUDERDALE FL 33326

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President & Director	☑ Change ☐ Addition
NAME	GRANT, ROBERT C	12 NAME	Grant Robert C	
STREET ADDRESS	16658 BLATT BLVD, 93	13 STREET ADDRESS	16658 Blatt Blvd #93	
CITY ST ZIP	FT LAUDERDALE FL 33326	14 CITY ST ZIP	Ft. Lauderdale, FL 33326	
TITLE		21 TITLE	Vice President	☐ Change ☑ Addition
NAME		22 NAME	Beverly A. Stirling	
STREET ADDRESS		23 STREET ADDRESS	52 Hayfield Rd	
CITY ST ZIP		24 CITY ST ZIP	Waterbury CT 06704	
TITLE		31 TITLE	Secretary - Treasurer	☐ Change ☑ Addition
NAME		32 NAME	Ellen H Grant	
STREET ADDRESS		33 STREET ADDRESS	16658 Blatt Blvd # 93	
CITY ST ZIP		34 CITY ST ZIP	Ft. Lauderdale FL 33326	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or added in an additional with an address.

SIGNATURE: Robert C Grant ROBERT C GRANT 5-23-95 305-389-0037.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234442 CP