

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084203 (6)

1. Corporation Name

LITTLE FISH SWIM SCHOOL, INC.



Principal Place of Business

357 RAQUET CLUB RD
FT LAUDERDALE FL 33326
US

Mailing Address

16858 BLATT RD
SUITE 93
FT LAUDERDALE FL 33326
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 480 LAKE TREE DRIVE

27 Suite, Apt. #, etc.

28 FT. LAUDERDALE, FL

29 33326 30 BROWARD

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/26/1995

4. FEI Number
65-0533004

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

9. Name and Address of Current Registered Agent

GRANT, ROBERT C
16858 BLATT BLVD, 93
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name ROBERT C. GRANT

82 Street Address (P.O. Box Number is Not Acceptable)
480 LAKE TREE DRIVE

83

84 City FT. LAUDERDALE FL 85 Zip Code 33326

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 of 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 (if not applicable)

(If the Registered Agent's signature is required, sign in this space)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANT, ROBERT C
STREET ADDRESS 16858 BLATT BLVD, 93
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE VP
NAME SHIRLING, BEVERLY A
STREET ADDRESS 52 HAYFIELD RD
CITY-ST-ZIP WATERBURY CT ☐ DELETE

TITLE ST
NAME GRANT, ELLEN H
STREET ADDRESS 16858 BLATT BLVD 93
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 480 LAKE TREE DRIVE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326 ☐ Change ☐ Addition

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 480 LAKE TREE DRIVE
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326 ☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Robert C. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-389-0037
Date Date/Time Phone

CR2E034 (12/95)