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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

(305) 757-0621

4/17/97

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400093031 (0)

	ie aquatic society, in	<b>0</b> .	•			
Principal Place	e of Business	Mailing Address				
1000 NW 54TH STREET MIAMI FL 33127		1000 NW 54TH STREET MIAMI FL 33127-1820				
				Date Incorporated or Qualified     12/22/1994	3a. Date of Last R 05/01/1996	eport
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEi Number		plied For
21]		26		65-0566692	No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 ·	
22		27		G. Contribute of States Desired	Fee Re	<del> </del>
City & State	•	City & State		6. Election Campaign Financing	\$5.00	
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	L Added	
24]	25	29	30	8. This corporation has liability for it Florida Statutes	ntangible tax under s ] Yes 🏻 No	. 199.032,
:71	9. Name and Address of Curre	<del></del>		10, Name and Address of New Reg		
HAR	RISON, JOHN C JR.		81 Name		<del></del>	
	N.W. 54 STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	ial	
	II FL 33127		JUL SUI BEL AUG	diess (F.O. BOX Normali is Not Acceptab	··c)	
			83			
			84 City		85 Zip	Code
					FL	
FI. FUSDAIN	eastered agent, or both, in the Stat	te of Florida. Such change was	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	orpose of changing in the appointment as	registered
	n familiar with, and accept the obli	gations of, Section 607,0505, F	ionica Statutes.			
SIGNATURE	Skparare 1,5erd or profest name of registerest a	gon: and tale if applicable (NO	TE Registered Agent signature requ	uired when reinslating)	DATE	
SIGNATURE	Signature, type dior printed nation of registries a OFFICERS AI	gon; and title if applicable (NO ND DIRECTORS	IE Registered Agent signature requ		DATE ERS AND DIRECTOR	IS <u>IN</u> 12
SIGNATURE  12.	Signature 152ed or printed raumo of registrated a OF⊁ICERS AI	gon: and tale if applicable (NO	TE Registered Agent signature requirements 13.	uired when reinslating)	DATE	
SIGNATURE  12.  THE NAME	Signature 155ed or pointed name of registered a OFFICERS AI PT HARRISON, JOHN C JR	gon; and title if applicable (NO ND DIRECTORS	IE Registered Agent signature requirements  13.  1.1 TITLE  1.2 NAME	uired when reinslating)	DATE ERS AND DIRECTOR	S IN 12
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SIGNATURE  11.  11.  11.  11.  NAME  STREEL ADDRESS  GLY-ST-ZIP	Signature 155ed or pointed name of registered a OFFICERS AI PT HARRISON, JOHN C JR	gon; and title if applicable (NO ND DIRECTORS	1E Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinslating)	DATE ERS AND DIRECTOR Change	IS <u>IN</u> 12
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John C. Harrison, Jr. Pres.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR