FILE NOW: FIL	ING FEE AFTER	MAY 1 IS \$225.00
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



LORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

ANN	1996	Div	Sec ret ary s o VISION OF COF		IONS			
1. Corporatio	in Name	0008674	4 (6)					
SWIM	MASTER, INC.					 	 10 11 1010 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111	(411() 414(1 24(
Principal Place	e of Business	Malling Addre	29S					
5521 HAWKE	ES BLUFF AVENUE	_	es bluff aven	DE .				
DAVIE FL 33	3331	DAVIE FL 3						
				*****		3. Date incorporated or Qualified 11/13/1995	3a. Date of Last	Report
	lace of Business	2a. Malling Ad	kiress		(4. FEI Number 65 - 0618788	\mathcal{L}	Applied For
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			↓	\$R.7	Not Applicable 5 Additional
22		27				5. Cortificate of Status Desired		Required
City & State	e	City & Stat	te			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip 24	Country 25	ΖΙρ 29	[Country	1	8. This corporation has liability for		199.032,
	9, Name and Address of Curre		30 s	·		Florida Statutes Yes 10. Name and Address of New F	No	
				81	Name		ogiotorea Agent	
	W FIRM OF LAWRENCE J SPIE	GEL CHRTD		82	Street Addres	ss (P.O. Box Number is Not Acceptab	ole)	
	MERIA AVENUE							
CURAL	GABLES FL 33134			83				
	1.			84	City		FI 85 Z	ip Code
11. Pursuant l	to the provisions of Sections #///50	02 and 607.1508, Flor	ida Statu tes, the	above-i	L named corporat	ion submits this statement for the pur	pose of changing its	registered office
or register familiar wit	ed agent, or both, in the State of To th, and accent the publicate of Sec	rida. Such change wa ction 607 0505, Florid	is author ize d by la Statut es ,	the com	oration's board	ion submits this statement for the pur of directors. I hereby accept the appe	pintment as registered	agent. Lam
SIGNATURE	DV: / //////////////////////////////////	S	. Vice P	resi	dent			
12.		ND DIRECTORS		stered Ager 13,	nt signature required v		DATE.	
TITLE	PD	DE		1. 1 TITLE		ADDITIONS/CHANGES TO OFFI	Charige	DRS IN 12
NAME	HORN, THOMAS R			1.2 NAME				
STREET ADDRESS	5521 HAWKES BLUFF AVEN	NE .		1 3 STREET	ADDRESS			[
CITY - ST - ZIP	DAVIE FL 33331 STD	Francisco	F. C. C.	14 CHY-S	ST - ZIP	44. 4 L		č
TITLE NAME	HORN, LINDA D			2 1 TITLE			Change	Addition
STREET ADDRESS	5521 HAWKES BLUFF AVEN	NOF.		22 NAME 23 STREET	Abbusce			
CITY-ST-ZIP	DAVIE FL 33331			2.4 CITY - S				
TITLE		14 🗀		3. 1 TIFLE			☐ Change	Addition
NAME				3.2 NAME			5	-
STREET ADDRESS				3.3. STREET				
CITY-ST-ZIP TITLE		[] 0[F. F. #	3.4 CITY - \$ 4. 1 TITLE	T - 71P	A laborate and take an an angular specific () () () () () () () () () (F1 OLD	
NAME		ل مر		4. 1 THLE 4.2 NAME			Change	☐ Addition
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIF	NAME			4.4 CITY - S				
TITLE		C) DE		5. 1 TITLE			Change	Addition
NAME CTOTAL APPROPRIES				5.2 NAME				
STREET ADDRESS				53 STREET		المال المناس	an a man	
CITY-ST-ZIP TITLE		[] DE		5.4 CHY+S; 5.1 TITLE ;	J-ZIP	20000183 -05/23/96010	14-100	C Addition
NAME				5 2 NAME :		***200.00	THTTULE DATE	Addition
STREET ADDRESS				5 3 STREET	1	resentations du	ς,	MACK)
CITY-ST-ZIP			1.	6.4 CHTY - \$1	T-ZIP		5	5-1-96
 I do hereby certify that 	y cortify that the information supplied	with this filing is volun	ntarily fur nis hed a	and does	not qualify for	the exemption stated in Section 119.0	7(3)(k), Florida Statut	es. I further

certify that the information supplied with this limit is limit 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:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-86 (954)6801527
Date Control of Control