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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000086744 (6)

1. Corporation Name  
SWIM MASTER, INC.

Principal Place of Business  
5521 HAWKES BLUFF AVENUE  
DAVIE FL 33331

Mailing Address  
5521 HAWKES BLUFF AVENUE  
DAVIE FL 33331-2531



3. Date Incorporated or Qualified 11/13/1995  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2b. Mailing Address  
21 11123 TOPEKA PLACE 26 11123 TOPEKA PLACE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
23 COOPER CITY, FL 28 COOPER CITY, FL  
Zip Country Zip Country

24 33026 25 U.S.A. 29 33026 30 U.S.A.  
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 Thomas R. Horn DATE 4-23-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, THOMAS R	1.2 NAME	
STREET ADDRESS	5521 HAWKES BLUFF AVENUE	1.3 STREET ADDRESS	11123 TOPEKA PLACE
CITY-ST-ZIP	DAVIE FL 33331	1.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, LINDA D	2.2 NAME	
STREET ADDRESS	5521 HAWKES BLUFF AVENUE	2.3 STREET ADDRESS	11123 TOPEKA PLACE
CITY-ST-ZIP	DAVIE FL 33331	2.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Thomas R. Horn DATE 4-23-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)