FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047031 (5)

JOG & SWIM INC.

Principal Place of Business

Mailing Address

FILED Apr 07 1997 8:00am Secretary of State



Frincipal Flace	E DI DOSINESS	Mailing Address							
117 E COMME LAUDERDALE	RICAL BLVD By the sea fl 33308	117 E COMMERICAL LAUDERDALE BY THE		623					
					3. Date incorporated or Qualified 06/04/1996	3a. Date	e of Last	Report	
2. Principal Place of Business 2a. Mailing Ad			ddress		4. FEI Number		A	Applied For	
21 2		26			65-0668791 No		Not Applicable		
Surte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23	e	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Ζφ 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for Florida Statutes	intangible t		s. 199.032,	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Re	glatered A	gent		
	HAT, ELIE		81	Name					
117 E COMMERICAL BLVD LAUDERDALE BY THE SEA FL 33308				Street Add	dress (P.O. Box Number is Not Acceptable)				
			83				*****		
			84	City			85 Zip	o Code	
				" '		FL.	'		
SIGNATURE	Signature typed or printed name of registeres	d agent and title if applicable	(NOTE: Registered Ag			DATE			
12.	OFFICERS	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change		
TITLE	AFRIAT, ELIE		1.1 TITLE 1.2 NAME			ı	Criange	E.J AUUIIU	
NAME STREET ADDRESS 1	117 E COMMERICAL BLVD)		ADDRESS					
CITY - ST - ZIP	LAUDERDALE BY THE SEA		1.4 CITY-5						
THE		DELETE		71-411			Change	Additio	
NAME			2.2 NAME			·			
STREET ADDRESS			23 STREET	F ADDRESS					
CITY ST-7P			2 4 CITY-	ST-ZIP					
1 ITLE		☐ DELETE	31 TITLE				Change	Additio	
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Tille		☐ DELETE	1	ļ		ļ	L Change	ADDINO	
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THILE		T PATERE	L			ļ		· LI MUUIIIC	
NAME			6.2 NAME						
STREET ADDRESS			L	T ADDRESS					
CITY - ST - 7IP	1		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 administratory 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 reports 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

ANATURE AND TYPES OF PRINTED NAME OF SIGNING DEFICER DESCRIPTIONS

3-30-97 954-776

ylime Phone #