FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 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 # P96000057827 (3)

1. Corporation Name
SWIMLAND OF NAPLES, INC.

Principal Place of Business	Mailing Address
1936 N. TAMIAMI TAIL #J4 NAPLES FL 34102	1936 N. TAMIAMI TAIL #J4 NAPLES FL 34102

3. Date Incorporated or Qualified: 07/09/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 1936 N. Tamiami Trail
22 Suite, Apt. #, etc.: # J4
23 City & State: Naples, FL
24 Zip: 34102
25 Country: US

2a. Mailing Address
26: 1936 N. Tamiami Trail
27 Suite, Apt. #, etc.: # J4
28 City & State: Naples, FL
29 Zip: 34102
30 Country: US

4. FEI Number: 65-0683988 ☐ 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
NERKOWITZ, SHELLY L
1860 N.E. 199TH STREET
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: Berkowitz, Shelley L.
82 Street Address (P.O. Box Number is Not Acceptable): 1860 NE 199 ST
83: N. Miami Beach
84 City: N. Miami Beach FL 85 Zip Code: 33179

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: Shelly L Berkowitz 4/16/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKOWITZ, SHELLY L 1860 N.E. 199TH STREET N MIAMI BEACH FL 33179	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MICHAEL LABATON 1810 NE 193 ST N Miami Beach, FL 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LABATON, MICHAEL 2001 W. OAK HAVEN CIRCLE N MIAMI BEACH FL 33179	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D SANDY LABATON 2001 W. Oak Haven Circle N. Miami Beach, FL 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKOWITZ, SHELLEY L 1860 N.E. 199TH ST. N MIAMI BEACH FL 33179	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Shelly L. Berkowitz Director 4/16/97 (954)-866-5055