

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057827

1. Corporation Name

SWIMLAND OF NAPLES, INC.

Principal Place of Business

Mailing Address

1936 N. Tamiami Trail  
#54  
Naples, FL 34102

1936 N. Tamiami Trail  
#54  
Naples, FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1936 N. Tamiami Trail 22 Suite, Apt. #, etc. #54 23 City & State Naples, FL 24 Zip 34102	2a. Mailing Address 25 1936 N. Tamiami Trail 26 Suite, Apt. #, etc. #54 27 City & State Naples, FL 28 Zip 34102	3. Date Incorporated or Qualified 07/09/1996	4. FEI Number 65-0683788	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

Berkowitz, Shelley L.  
1860 NE 199th  
N. Miami Beach, FL 33179

10. Name and Address of New Registered Agent

81 Name N/A	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Labaton	1.2 NAME	Sandy Labaton
STREET ADDRESS	1810 NE 193rd	1.3 STREET ADDRESS	2000 W. Oak Haven
CITY-ST-ZIP	Nm Bch, FL 33179	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Labaton	2.2 NAME	
STREET ADDRESS	2001 W. Oak Haven Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, FL 33179	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley L. Berkowitz	3.2 NAME	
STREET ADDRESS	1860 NE 199th	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, FL 33179	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

Shelley L. Berkowitz (Shelley L. Berkowitz) Director 3/9/98 954-966-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)