

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 007 ***150.00

DOCUMENT # P96000057827

1. Corporation Name
SWIMLAND OF NAPLES, INC.



Principal Place of Business

1936 N TAMiami TRAIL
#J4
NAPLES FL 34102
US

Mailing Address

1936 N TAMiami TRAIL
#J4
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

4. FEI Number
65-0683988

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3149 W. Hallandale Beach Blvd

27 Suite, Apt. #, etc. Hallandale FL

28 33009 US

29 Zip

30 Country

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKOWITZ, SHELLEY L
1860 N.E. 199TH STREET
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LABATON, MICHAEL
STREET ADDRESS 1860 N.E. 199TH STREET
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ DELETE
NAME LABATON, SANDY
STREET ADDRESS 2001 W. OAK HAVEN CIRCLE
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE D ☐ DELETE
NAME BERKOWITZ, SHELLEY L
STREET ADDRESS 1860 N.E. 199TH ST.
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Labaton, Michael
1.3 STREET ADDRESS 1810 NE 193 Street
1.4 CITY-ST-ZIP N MIAMI BEACH, FL 33179

2.1 TITLE NPD ☒ Change ☐ Addition
2.2 NAME Labaton, Sandy
2.3 STREET ADDRESS 2001 W. Oak Haven Circle
2.4 CITY-ST-ZIP N MIAMI BEACH, FL 33179

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Shelley Berkowitz, Shelley Berkowitz 4/13/99

Date

Daytime Phone #

CR2E034 (11/98)