

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

FILED
May 11 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 # P97000021563 (6)
 1. Corporation Name
SPLASH ZONE, INC.



Principal Place of Business 1680 TAYLOR ROAD PORT ORANGE FL 32127	Mailing Address 1680 TAYLOR ROAD PORT ORANGE FL 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1656 Taylor Road		2a. Mailing Address 1656 Taylor Road		3. Date Incorporated or Qualified 03/10/1997
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3434573	Applied For Not Applicable	
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip 32124	25. Country	28. Zip 32124	29. Country	
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 TINSLEY, GARY W 213 SILVER BEACH AVE. DAYTONA BEACH FL 32118				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pres
NAME	TINSLEY, PATRICIA	1.2 NAME	
STREET ADDRESS	109 MARBLED GODWIT CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V. Pres
NAME		2.2 NAME	MARK A. BOVIER
STREET ADDRESS		2.3 STREET ADDRESS	806 Del Prado Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Port Orange FL 32119
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* **4/30/98 9047881281**

CR2E034 (10/97)