

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000068227 (2)**

1. Corporation Name

**FIGA SWIM & SPORT, INC.**

Principal Place of Business

**STE. 101-A, 41 SE 9TH ST.  
DEERFIELD BEACH FL 33441**

Mailing Address

**STE. 101-A, 41 SE 9TH ST.  
DEERFIELD BEACH FL 33441**

**FILED**

**98 JUN 25 PM 1:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/06/1997**

4. FEI Number

**65-0776757**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **41 SE 9TH ST**  
Suite, Apt. #, etc.  
22 **DEERFIELD BCH FL**  
City & State  
23 **33441**  
Zip

2a. Mailing Address

26 **SUITE 101-A**  
Suite, Apt. #, etc.  
27 **SAME**  
City & State  
28  
Zip

Country

24

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 ☐ DELETE

NAME **CHEN, SHARON**  
STREET ADDRESS **18893 CLOUD LAKE CIR.**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME **CHEN, MICHAEL**  
STREET ADDRESS **18893 CLOUD LAKE CIR.**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME **MOLFESI, GUISEPE**  
STREET ADDRESS **380 SE 1 AVE.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000002575580-2**  
**-06/30/98--01009--019**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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]*

*11/22/98*

CR2E034 (10/97)

**JUN 25 1998**