08301999-90003-040-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:48

DOCUMENT # P98000062301

1. Corporation Name
WATER FRIENDS SWIM DIAPERS, INC.

Principal Place of Business
15720 112TH DRIVE NORTH
JUPITER FL 33478

Mailing Address
15720 112TH DRIVE NORTH
JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1998

2. Principal Place of Business
21 479 Seabrook Road
22 Suite, Apt #, etc.
23 City & State Tequesta, FL
24 Zip 33469 25 Country US

2a. Mailing Address
26 479 Seabrook Road
27 Suite, Apt. #, etc.
28 City & State Tequesta, FL
29 Zip 33469 30 Country US

4. FEI Number — 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 owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
COFER, JACQUIE
15720 112TH DRIVE NORTH
JUPITER FL 33478

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, V. P | ☐ DELETE |
| NAME | COFER, JACQUIE | |
| STREET ADDRESS | 15720 NORTH DRIVE NORTH | |
| CITY-ST-ZIP | JUPITER FL 33478 | |
| TITLE | D, President, Sec. Tres. | ☐ DELETE |
| NAME | Kimberly Thomson | |
| STREET ADDRESS | 479 Seabrook Rd | |
| CITY-ST-ZIP | Tequesta Fl 33469 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | V, D | ☑ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | P, D | ☐ Change ☑ Addition |
| 2.2 NAME | Kimberly Thomson | |
| 2.3 STREET ADDRESS | President | |
| 2.4 CITY-ST-ZIP | | |
| 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.

**SIGNATURE:** SIGNATURE DE JACQUIE COFER 8/24/99 561-478-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kimberly Thomson, Kimberly Thomson 10/22/99

561 694 6500 AD

CR2E034 (5/99)