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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **S71513** **(3)**

1. Corporation Name
SOUTH FLORIDA SWIM, INC.

Principal Place of Business	Mailing Address
10728 NW 21 PL CORAL SPRINGS FL 33071 US	10728 NW 21 PL CORAL SPRINGS FL 33071-4220 US

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business
21: 4-32 NW 105 DRIVE
22: Suite, Apt. #, etc.
23: City & State: CORAL SPRINGS FL
24: Zip: 33071
25: Country: USA

2a. Mailing Address
26: 432 NW 105 DRIVE
27: Suite, Apt. #, etc.
28: City & State: CORAL SPRINGS FL
29: Zip: 33071
30: Country: USA

4. FEI Number: 65-0288558 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BONNING, JOHN
10728 NW 21 PL
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: MICHAEL LOHBERG
82 Street Address (P.O. Box Number is Not Acceptable)
83: 432 NW 105 DRIVE
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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, that act on 607.0505, Florida Statutes.

SIGNATURE: Michael Lohberg, Michael Lohberg 3-23-1997
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P LOHBERG, MICHAEL ~~1579 CORAL RIDGE DRIVE~~ ADDRESS CHANGE ~~CORAL SPRINGS FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MICHAEL LOHBERG, DR 432 N.W. 105 DRIVE CORAL SPRINGS, FL 33071	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRADY, MARTIN J. 2500 CORAL SPRINGS DRIVE CORAL SPRINGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONNING, JOHN 10728 NW 21 PL CORAL SPRINGS FL	☑ DELETE TAKE OUT	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: Michael Lohberg, Michael Lohberg 2-18-97 (954) 346-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #