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 # V28908

J. C. T. AQUATIC CENTER, INC.

FILED	
Apr 20 1998 8:0	00am
Secretary of St	tate



Principal Place of Business Mailing Address						e vaner anner tindte lätta lätti båldt lätt åldt; åldt; åldt; åldt; åldt åldt åldt åldt åldt åldt.			
600 EATON ROAD 600 EATON ROAD EDGEWATER FL 32132				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 04/10/1992	
2. Principal P	lace of Busin	ness	2a.	Mailing Address		~~~~		4, FEI Number Applied For	
21			26					59-3130061 Not Applicable	
Suite, Apt.	#, etc		-	Suite, Apt. #, etc.				5. Certificate of Status Desired	
22 City & State	e		27	City & State			 	6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip		Country		Z ip	7ip Cou			8. This corporation owes or has paid the current year Intangible	
24 •	- 41	25	29 30			· ·		Personal Property Tax due June 30. Yes No	
DC1		and Address of Curr	aut Habis	tered Agent		B1	Name	10. Name and Address of New Registered Agent	
	TERSON, S					L	INATIO		
* 418 CANAL ST. NEW SMYRNA BEACH FL 32168				62	Street Ac	Address (P.O. Box Number is Not Acceptable)			
	,, O1,11111	1 00 1011 10 00 100				83			
i						84	City	▶. 85 Zip Code	
office or ri	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	·								
12.	Signature, typed	or printed name of registered a OFFICERS A				ed Ag	eni signature rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	OF TOURS A	OND DINE	DELETE	13. 1.1 J	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STEARN	IS, JOHN				IAME			
STREET ADDRESS	3707 SA	uxon dr.			1.3 \$	TREE	T ADDRESS		
CITY-ST-ZIP		AYRINA BCH FL			1.4 0	HTY-	ST-ZIP		
TITLE	DVS	71107 N. 111F0		☐ DELETE	2.1 T			☐ Change ☐ Addition	
NAME		, TIMOTHY JAMES			2.2 N	BMA			
STREET AODRESS		e east st. Ayrna BCH Fl					T ADDRESS		
CITY-ST-ZIP TITLE	HEN ON	HINNA BON FL		DELETE			\$T-ZIP	☐ Change ☐ Addition	
NAME					3.1 T 3.2 M				
STREET ADDRESS							T ADDRESS		
City-St-ZiP							ST-ZIP		
TITLE				☐ DELETE	4.1 T			☐ Change ☐ Addition	
NAME					4.21	NAME			
STREET ADDRESS					43S	TREE	T ADDRESS		
CITY-ST-ZIP				e e e e e e e e e e e e e e e e e e e			ST-ZIP		
TITLE				L_ DELETE	5.1 T			☐ Change ☐ Addition	
NAME					5.2 N	IAME			
STREET ADDRESS							F ADDRESS		
CITY-ST-ZIP				The series			ST-ZIP		
TITLE				☐ DELETE	611			☐ Change ☐ Addition	
NAME					62 N				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					6.4 C	ITY-S	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.

4502-894-408