**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90082 021 \*\*\*158.75

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1. Corporation Name

L.C. T. ACHATIC CENTER INC

	AQUATIC CENTER, INC.									
Principal Plac	e of Business	Mailing Add	dress				east arters (IRE) (#110 /Brit	I all al all		
600 EATON RO	DAD	600 EATON	ROAD			ĺ				
EDGEWATER F		EDGEWATER			•			D.T 71 11/		
							le Incorporated or Qualife		SPACE	
								Ka		
							/10/1992			Had For
2. Principal P	Place of Business	<u> </u>	Address			1	Number		<u> </u>	plied For
21	<u></u>	26				59	<u>-3130061</u>			t Applicable
Suite, Apt.	#, etc.	<b>├</b> ¬	pt. #, etc.			5. Ce	rtifcate of Status Desired	<b>X</b>	\$8.75 A	
22		27								
City & Stat	te	City & S	State				ction Campaign Financin	g $\square$	\$5.00 Added t	
23		28					ist Fund Contribution	<del></del>		0 1063
Zip	Country	Zip	<del></del> -	Coun	try		is corporation owes the c		tangible	∏No ======
24	25	29		30			rsonal Property Tax.			
	9. Name and Address of Currer	nt Registered Ag	gent		81 Name	10. Na	me and Address of Nev	A Légisterer	Agent	
	F040N ND 4 10			l'	81 Name	Hal	Spence.			
	ERSON, SID C., JR.			į.	82 Street	Address (P.O.	Box Number is Not Acce			•
	CANAL ST.			L	00		<u>cousewo</u>	<u> </u>		
NEW	V SMYRNA BEACH FL 32168				83			,		
				ŀ	84 City	0		^	85 Zip (	Code
				- 1		Iew Sr	nurna BC	<u> </u>	- 32	169
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with and accept the obliga	2 and 607.1508,	, Florida Statute	s, the ab	ove-named	corporation su	bmits this statement for t	не ригрове с	f changing its	registered
office or	registered agent, or both, in the State	of Florida, Such	change was au 607 0505 Flori	ithorized ida Statu	by the comp tas.	oration s board	or directors. I hereby acc	epi ine appo		gistered T
		~ O	0					3/ <i>3</i> 0	177	1
SIGNATURE	Signature, typed or printed name of registered and	react title if applicable.	(NOTE:	Registered A	gent signature r	equired when revisti		DATE	*	
12.		D DIRECTORS		13.		ADC	DITIONS/CHANGES TO	FFICERS A	NO DIRECTO	RS IN 12
TITLE	DPT		DELETE	1.1 TITL	É	Dros.	ident - Dire	C+01	(K) Change	Addition
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	L STEARNS, JOHN			1.2 NAA		Stear	ns. John			
	STEARNS, JOHN				Æ	Stear	ns. John		В	
STREET ADDRESS	3707 SAXON DR.			1.3 STR	E EET ADDRESS	Stear	ns, John India Palm	Apt.	B	
STREET ADDRESS CITY-ST-ZIP	3707 SAXON DR. NEW SMYRNA BCH FL		☐ DELETE	1.3 STR	EET ADDRESS /-ST-ZIP	Stear	ns, John India Palm	Apt.	B PChange	Addition
STREET ADDRESS CITY-ST-ZPP TITLE	3707 SAXON DR. NEW SMYRNA BCH FL DVS		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL	EET ADDRESS Y-ST-ZIP E	Stear	ns. John	Apt.	7	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	3707 SAXON DR. NEW SMYRNA BCH FL DVS TROIAN, TIMOTHY JAMES	<u></u>	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	EET ADDRESS 7-ST-ZIP E	Stear	ns, John India Palm	Apt.	7	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3707 SAXON DR. NEW SMYRNA BCH FL  DVS TROIAN, TIMOTHY JAMES 313 DUE EAST ST.		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	EET ADDRESS 7-ST-ZIP E EET ADDRESS	Stear	ns, John India Palm	Apt.	7	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	3707 SAXON DR. NEW SMYRNA BCH FL  DVS TROIAN, TIMOTHY JAMES 313 DUE EAST ST. NEW SMYRNA BCH FL		DELETE DELETE	1.3 STR 1.4 CIP 2.1 TITU 2.2 NAA 2.3 STR 2.4 CIT 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAA 4.3 STR 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITU 6.2 NAA	EEET ADDRESS  /-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  ME  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE	Steam 3518 I Edgew Vice Pr Secre Ginni	tary / Treas	Apt. 3214 irector	☐ Change ☐ Change ☐ Change	Addition
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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 cortlify 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, with all other like empowered.

SIGNATURE:

Jahn STEARNS 2/17