

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

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P96000046997 (8)
 1. Corporation Name
H2O PRO, PROFESSIONAL JUMPERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
18818 LAKE PICKETT ROAD **18818 LAKE PICKETT ROAD**
ORLANDO FL 32820 **ORLANDO FL 32820-4517**

3. Date Incorporated or Qualified **05/28/1996** 3a. Date of Last Report
 4. FEI Number **59 337 8390** 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

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 24. Country 28. Zip 29. Country
 24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
BARRETT, LEE ESQ.
840 HIGHLAND AVE.
ORLANDO FL 32803

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, JOHN	1.2 NAME	
STREET ADDRESS	1911A 111TH S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVERETT WA 98204	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE, BRUCE	2.2 NAME	
STREET ADDRESS	9054 SEIDEL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, STEFFEN	3.2 NAME	
STREET ADDRESS	AM LINDEIN 5, 91438 BAD WINDSHEIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, JARET	4.2 NAME	
STREET ADDRESS	360 LANGFORD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32768	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUMIE, JIM	5.2 NAME	
STREET ADDRESS	1911A 111TH S.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVERETT WA 98204	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ DATE: **Feb. 22/97**

CR2E034 (9/96)