

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

FILED

Apr 16 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 # K76060 (8)

1. Corporation Name  
POOL CENTERS, U.S.A., INC.



Principal Place of Business  
4410 PETERS RD.  
FT. LAUDERDALE FL 33317  
US

Mailing Address  
4410 PETERS RD.  
FT. LAUDERDALE FL 33317-4545  
US

3. Date Incorporated or Qualified 03/28/1989	3a. Date of Last Report 05/02/1996
4. FEI Number 65-0111152	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
COLEMAN, MELVIN  
6855 W. BROWARD BLVD.  
PLANTATION FL 33317

10. Name and Address of New Registered Agent  
61 Name MARTIN KAISER  
62 Street Address (P.O. Box Number is Not Acceptable) 5629 JOHNSON STREET  
63  
64 City HOLLYWOOD FL 85 Zip Code 33021

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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Martin A Kaiser* (Signature) *4-9-97* (Date)  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P COLEMAN, MELVIN	<input type="checkbox"/> DELETE
NAME	6855 W. BROWARD BLVD.	
STREET ADDRESS	PLANTATION FL 33317	
CITY - ST - ZIP		
TITLE	VP COLEMAN, DARREN	<input checked="" type="checkbox"/> DELETE
NAME	10680 NW 16 CT.	
STREET ADDRESS	PLANTATION FL 33322	
CITY - ST - ZIP		
TITLE	ST COLEMAN, BRIAN P.	<input type="checkbox"/> DELETE
NAME	10680 NW 16 CT.	
STREET ADDRESS	PLANTATION FL 33322	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P MELVIN COLEMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	4408 PETERS ROAD		
1.3 STREET ADDRESS	FT. LAUDERDALE, FL 33317		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	ST BRIAN COLEMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	4408 PETERS ROAD		
3.3 STREET ADDRESS	FT. LAUDERDALE, FL 33317		
3.4 CITY - ST - ZIP			
4.1 TITLE	VP MARTIN KAISER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	5629 JOHNSON STREET		
4.3 STREET ADDRESS	HOLLYWOOD, FLORIDA 33021		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Melvin Coleman* (Signature) MELVIN COLEMAN 4/9/97 9:54 (Date) 687-1574 (Daytime Phone #)

CR2E034 (9/96)