

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:24

DOCUMENT # **M35979** (7)

1. Corporation Name
THE GREAT ESCAPE POOLS & SPAS, INC.

Principal Place of Business Mailing Address
251 ROYAL PALM WAY **251 ROYAL PALM WAY**
POB 2715, C/O MENDOZA, CALLAS & SCHILLING **POB 2715, C/O MENDOZA, CALLAS & SCHILLING**
PALM BEACH FL 33480-1310 **PALM BEACH FL 33480-1310**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1986** 3a. Date of Last Report **06/06/1994**

4. FEI Number **59-2712299** 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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDOZA, CALLAS AND SCHILLING
251 ROYAL PALM WAY
PALM BEACH FL 34480

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

(Signature must be printed name of registered agent and title.)

(NOTE: Registered Agent signature required after registration.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ATKINSON, JAMES J.**
STREET ADDRESS **2104 LAKE BASS CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TVSD**
NAME **ATKINSON, CYNTHIA A.**
STREET ADDRESS **2104 LAKE BASS CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **AG**
NAME **ATKINSON, VICKY-A.**
STREET ADDRESS **320 PLAZA REAL, SUITE 508**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE Change Addition
3.2 NAME **AS**
3.3 STREET ADDRESS **CHOWDHURY, DAWN**
3.4 CITY-ST-ZIP **1200 Lake Victoria Drive, Apt. B**
West Palm Beach, FL 33411

TITLE **AT**
NAME **FONTI, JOSEPH**
STREET ADDRESS **32 BENTWATER CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

James J. Atkinson
James J. Atkinson, President

3/1/95

(407) 586-0155