

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10: 24

DOCUMENT # **M35979** (7)

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



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

3. Date Incorporated or Qualified: **07/30/1986**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2712299**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 (21-24)
2a. Mailing Address (26-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
**MENDOZA, CALLAS AND SCHILLING
251 ROYAL PALM WAY
PALM BEACH FL 34480**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: _____ (Signature, Typed or printed name of registered agent and the agent's name, title, registered agent's signature, and the corporation's name)

12. OFFICERS AND DIRECTORS		DEL/FE
TITLE	PD	<input type="checkbox"/>
NAME	ATKINSON, JAMES J.	
STREET ADDRESS	2104 LAKE BASS CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TVSD	<input type="checkbox"/>
NAME	ATKINSON, CYNTHIA A.	
STREET ADDRESS	2104 LAKE BASS CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	AS	<input type="checkbox"/>
NAME	CHOWDHURY, DAWN	
STREET ADDRESS	1200 LAKE VICTORIA DRIVE, APT B	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AT	<input type="checkbox"/>
NAME	FONTI, JOSEPH	
STREET ADDRESS	32 BENTWATER CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			

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****225.00 ****225.00

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 119.07(3)(a), 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: *Cynthia A. Atkinson, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia A. Atkinson, Vice President

8/1/96 (407) 586-0155

CR2E034 (12/95)

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