

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

FILED

**Feb 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000073786 (4)

1. Corporation Name
PERMA-BOND POOLS INC.



Principal Place of Business 416 SE SEABREEZE LANE PORT ST. LUCIE FL 34963 US	Mailing Address 416 SE SEABREEZE LANE PORT ST. LUCIE FL 34963-2224 US
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3. Date Incorporated or Qualified 10/18/1993	3a. Date of Last Report 04/12/1996
4. FEI Number 64-0444281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2811 SW SUN COURT Suite, Apt. #, etc.	2a. Mailing Address 26 2811 SW SUN COURT Suite, Apt. #, etc.
22 City & State 23 PORT ST. LUCIE FL	27 City & State 28 PORT ST. LUCIE FL
24 Zip 34953 25 Country	29 Zip 34953 30 Country

9. Name and Address of Current Registered Agent

**GILLEN, KEITH K
10521 S.W. 157TH PL.
BLDG. 4-104
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2811 SW SUN COURT
83	
84 City	PORT ST. LUCIE FL
85 Zip Code	34953

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 607.0509, Florida Statutes.

SIGNATURE: *Keith K. Gillen* **Keith K. Gillen President** **2-7-97**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PP <input type="checkbox"/> DELETE
NAME	GILLEN, KEITH K
STREET ADDRESS	416 SE SEABREEZE LANE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GILLEN, DEBORAH A.
STREET ADDRESS	416 SE SEABREEZE LANE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	MD <input checked="" type="checkbox"/> DELETE
NAME	MARIAN, GREGORY C
STREET ADDRESS	10421 S W 157TH PLACE BLDG. B #204
CITY-ST-ZIP	MIAMI FL
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2811 SW SUN COURT
1.4 CITY-ST-ZIP	PORT ST. LUCIE FL. 34953
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2811 SW SUN COURT
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or as an attachment with an address.

SIGNATURE: *Keith K. Gillen* **Keith K. Gillen** **2-7-97 (561)340-3426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)