

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000077038 (6)

1. Corporation Name  
**THE POOL CONNECTION, INC.**



Principal Place of Business: 267 N. COLLIER BLVD, SUITE 201, MARCO ISLAND FL 33937, US  
Mailing Address: P.O. BOX 683, MARCO ISLAND FL 33969, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for alternate locations.

3. Date Incorporated or Qualified: 11/01/1993  
3a. Date of Last Report: 04/19/1995  
4. FEI Number: 65-0446757  
5. Certificate of Status Desired:   
6. Election Campaign Financing/Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

PATAS, DENISE  
522 BRADFORD COURT  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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, Sections 607.0706, Florida Statutes.

SIGNATURE and DATE fields for the registered agent.

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PATAS, DENISE	
STREET ADDRESS	522 BRADFORD COURT	
CITY-STATE-ZIP	MARCO ISLAND FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PATAS, THOMAS	
STREET ADDRESS	460 8TH STREET, N.W.	
CITY-STATE-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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 119.07(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 resident or franchisee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if requested on an attached certificate of officers and directors.

SIGNATURE: Denise A. Patas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-496 (941) 642-1110

CR2E034 (12/95)