FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000001275 (4)**

1. Corporation Name
EVANS POOL FINISHERS, INC.

Principal Place of Business
4029 MENLO CT.
HOLIDAY FL 34691

Mailing Address
4029 MENLO CT.
HOLIDAY FL 34691

2. Principal Place of Business
21 4930 Fisherman's Dr
Suite, Apt. #, etc.
22 #E
City & State
23 Coconut Creek, FL
Zip 24 33063 Country 25 Broward

2a. Mailing Address
26 4930 Fisherman's Dr
Suite, Apt. #, etc.
27 #E
City & State
28 Coconut Creek, FL
Zip 29 33063 Country 30 Broward

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-3214679 — [ ] 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 [X] No

9. Name and Address of Current Registered Agent
JASSON, EVANS D
4029 MENLO CT.
HOLIDAY FL 34691

10. Name and Address of New Registered Agent
81 Name: Jason R Evans
82 Street Address (P.O. Box Number is Not Acceptable): 4930 Fisherman's Dr, #E
83
84 City: Coconut Creek, FL 85 Zip Code: 33063

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] Jason Evans, pres 1-30-96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	EVANS, JASON D		1.2 NAME	
STREET ADDRESS	4029 MENLO CT.		1.3 STREET ADDRESS	4930 Fisherman's Dr, #E
CITY-ST-ZIP	HOLIDAY FL 34691		1.4 CITY-ST-ZIP	Coconut Creek, FL 33063
TITLE	VP	[ ] DELETE	2.1 TITLE	[X] Change [ ] Addition
NAME	JAMES WHITWORTH		2.2 NAME	
STREET ADDRESS	3587 CIGONIER DR		2.3 STREET ADDRESS	801 S.W. 2nd Street
CITY-ST-ZIP	SPRING HILL FL 34608		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	P	[X] DELETE	3.1 TITLE	[ ] Change [X] Addition
NAME	WILLIAM LEE		3.2 NAME	Derick Olson
STREET ADDRESS	8562 DELAWARE DR		3.3 STREET ADDRESS	S.W. 56th Bldg. 7 #106
CITY-ST-ZIP	SPRING HIIL FL 34607		3.4 CITY-ST-ZIP	Margate, FL 33068
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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 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: [signature] Jason Evans, pres, 1-30-96 (954)969-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)