

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

97 JAN -2 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT *10*

DOCUMENT # P95000037352 (6)  
 T. Corporation Name

POOL BARRIER OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address  
 423 CYPRESS DR. #9 TEQUESTA FL 33469  
 423 CYPRESS DR. #9 TEQUESTA FL 33469

3. Date Incorporated or Qualified 05/10/1995  
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 106 Commerce Way Suite, Apt #, etc R-7 City & State JUPITER, FL Zip 33458-8840 Country USA  
 26 802 SW MONICA ST Suite, Apt #, etc City & State PORT ST LUCIE, FL Zip 34953 Country USA

4. FEI Number 65-0580347 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

9. Name and Address of Current Registered Agent  
 ARMOUR, ALAN I  
 1645 PALM BEACH LAKES BLVD.  
 SUITE 1200  
 WEST PLAM BEACH FL 33401

10. Name and Address of New Registered Agent  
 B1 Name N/A  
 B2 Street Address (P.O. Box Number is Not Acceptable) 980002046269--4  
 B3 -01/06/97--01004-018  
 B4 City \*\*\*375.00 \*\*\*375.00 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 licensed to do so and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 12-30-96  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAWIEC, SHEILA F	
STREET ADDRESS	423 CYPRESS DR., #9	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUCHENMEISTER, BRIAN A	
STREET ADDRESS	423 CYPRESS DR., #9	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAWIEC, SHEILA F	
1.3 STREET ADDRESS	802 SW MONICA ST	
1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KUCHENMEISTER, BRIAN A	
2.3 STREET ADDRESS	802 SW MONICA ST	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or by an attachment with an address.

SIGNATURE: *[Signature]* DATE 12/14/96 501 335 1988  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)