

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

DOCUMENT # P95000037352 (8)

1. Corporation Name

POOL BARRIER OF THE TREASURE COAST, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

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

26 802 SW MONICA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-7

27

City & State

City & State

23 JUPITER, FL

28 PORT ST LUCIE, FL

24 Zip 33458-8840

25 Country USA

29 Zip 34953

30 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

\$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

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

900002046269--4

83

-01706797--01004--018

84 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

12-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME KRAWIEC, SHEILA F
 STREET ADDRESS 423 CYPRESS DR., #9
 CITY-ST-ZIP TEQUESTA FL 33469

1.1 TITLE PRESIDENT Change 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

TITLE D DELETE
 NAME KUCHENMEISTER, BRIAN A
 STREET ADDRESS 423 CYPRESS DR., #9
 CITY-ST-ZIP TEQUESTA FL 33469

2.1 TITLE VICE PRESIDENT Change 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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 11/2/97

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

12/14/96

DATE

501 335 1988

DAYTIME PHONE #

CR2E034 (3/96)