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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000037352 (8)
 1. Corporation Name
POOL BARRIER OF THE TREASURE COAST, INC.



Principal Place of Business Mailing Address

106 COMMERCE WAY B-7 JUPITER FL 33458-8840

862 SW MONICA ST. PORT ST. LUCIE FL 34953-6388

3. Date Incorporated or Qualified **05/10/1995** 3a. Date of Last Report **01/02/1997**

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

2. Principal Place of Business 2a. Mailing Address

21 **106 COMMERCE WAY** 26 **862 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**

Zip Country Zip Country

24 **33458-8840** 25 **USA** 29 **34953-6388** 30 **USA**

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

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

83

84 City **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 entering with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4-28-97**

Signature, typed print name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KRAWIEC, SHEILA F	
STREET ADDRESS	862 SW MONICA STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KUCHENMEISTER, BRIAN A	
STREET ADDRESS	862 SW MONICA STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	n/a
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	n/a
2.4 CITY-ST-ZIP	
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)(j), 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:  **SHEILA F. KRAWIEC** 4-28-97 513351988

CR2E034 (9/96)