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 # **327988** **(2)**

1. Corporation Name
AQUA CLEAR POOLS INC

Principal Place of Business
5545 S. KANNER HWY
#29
STUART FL 34997

Mailing Address
5545 S. KANNER HWY
#29
STUART FL 34997

3. Date Incorporated or Qualified: **03/21/1968**
3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1205721** [ ] Applied For [ ] Not Applicable

5. Check if Fee is Delayed [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is corporation eligible for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DUHRELLE, PLAYER
5545 S. KENNER HIGHWAY, #29
STUART FL 34997

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 Section 607.0502 and 607.1508, Florida Statutes, the undersigned corporation adopts the 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PLAYER, DUHRELLE	
STREET ADDRESS	5545 SOUTH KENNER HWY.	
CITY-ST-ZIP	STUART FL	
TITLE	V	[ ] DELETE
NAME	DAVIS, DAN	
STREET ADDRESS	3281 N.W. 212 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	[ ] DELETE
NAME	DAVIS, LUCILLE	
STREET ADDRESS	3281 N.W. 212 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this Annual Report, including but not limited to the information contained in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on the Annual Report or supplemental business report to be amended hereby, shall have the same legal effect and be made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 a title.

SIGNATURE: Duhrelle Player 4/8/96 407 283.5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)