


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 667037 (6)
1. Corporation Name
BLU-AQUA POOL CORPORATION

Principal Place of Business 1843 BARBER ROAD SARASOTA FL 34240 US	Mailing Address SAME SARASOTA FL 34232-6234 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1636285	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KOZAK, ANTON 408 WATERSIDE LANE NOKOMIS FL 34275				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	9011 PINE CONE PLACE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	BRADENTON FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	KOZAK, ANTON	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	PO BOX 729/NA	4.1 TITLE	4.2 NAME
	NOKOMIS FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	FARMER, JOHN	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	9011 PINE CONE PLACE	6.1 TITLE	6.2 NAME
	BRADENTON FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra Ann Farmer Corp Sec. 4/21/98 941-371-4808

CR2E034 (10/97)