
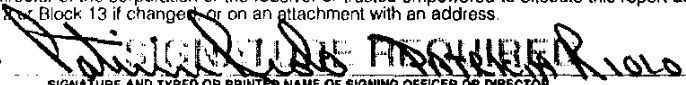


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 674070 (8)</b>			
1. Corporation Name <b>TIP TOP POOL SERVICE, INC.</b>			
Principal Place of Business <b>973 VIRGINIA AVE. #C UNIT 8 PALM HARBOR FL 34683 US</b>		Mailing Address <b>973 VIRGINIA AVE. #C UNIT 8 PALM HARBOR FL 34683-5236 US</b>	
2. Principal Place of Business 21 <b>Same</b>		2a. Mailing Address 26 <b>Same</b>	
Suite, Apt. #, etc. 22 <b>Unit 8</b>		Suite, Apt. #, etc. 27 <b>Unit 8</b>	
City & State 23 <b>Same</b>		City & State 28 <b>Same</b>	
Zip 24 <b>Same</b>	Country 25 <b>Same</b>	Zip 29 <b>Same</b>	Country 30 <b>Same</b>
9. Name and Address of Current Registered Agent <b>RIOLO, WAYNE J. 973 VIRGINIA AVE, UNIT C PALM HARBOR, FL 34683</b>			
10. Name and Address of New Registered Agent 81 Name <b>Same</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Same</b> 83 <b>Unit 8</b> 84 City <b>Same</b> <b>FL</b> 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> DELETE	
NAME	RIOLO, WAYNE JOHN		
STREET ADDRESS	973 VIRGINIA AVE UNIT 8		
CITY - ST - ZIP	PALM HARBOR, FL 00000		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	RIOLO, PATRICIA O		
STREET ADDRESS	2690 EASTLAKE TRAIL		
CITY - ST - ZIP	TARPON SPRINGS FL		
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			
1.4 CITY - ST - ZIP	<b>Zip=34683</b>		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP	<b>Zip=34689</b>		
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)(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:  <b>04-22-97</b> <b>813-783-5026</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)