


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707380** (2)

1. Corporation Name

THE BOAT HOUSE POOL, INC.

Principal Place of Business

**2103 SE 18 ST
FORT LAUDERDALE FL 33316**

Mailing Address

~~3000 N FEDERAL HWY
BLDG #8
FORT LAUDERDALE FL 33306 1416~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1964		3a. Date of Last Report 03/26/1996	
21		26 PO Box 24371		4. FEI Number 59-1143385		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State Oakland AK FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Zip					
24		29 33307		Country		Country Broward	
25		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWTON-GARCIA, VICTORIA 3000 N. FEDERAL HWY BLDG #8 FORT LAUDERDALE FL 33306-1416				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2930 North West 5th Avenue			
				83			
				84 City Wilton Manors			
				85 Zip Code FL 33311			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PD 7/97	<input type="checkbox"/> DELETE			
NAME	TAFOYA, MARY E				
STREET ADDRESS	2107 SE 18 ST				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316				
TITLE	VPD 7/97	<input type="checkbox"/> DELETE			
NAME	LANDIS, KEN				
STREET ADDRESS	2103 SE 18TH STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL				
TITLE	STD 7/97	<input type="checkbox"/> DELETE			
NAME	BLAKE, JAMES				
STREET ADDRESS	2105 SE 18 ST				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316				
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					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Mary E. Tafoya*

3/27/97

CR2E037 (9/96)