

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **832085** (5)

1. Corporation Name
KDI SYLVAN POOLS, INC.



Principal Place of Business: **ROUTE 611 DOYLESTOWN PA 18901**
Mailing Address: **P.O. BOX 1449 ROUTE 611 DOYLESTOWN PA PA 18-01 US**

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-1720390**
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
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (PRINT: Registered Agent's signature required where it states) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	1.1 TITLE	PRESIDENT
NAME	CALVITI, RAYMOND J	1.2 NAME	HOWARD P. WEATMAN
STREET ADDRESS	ROUTE 611	1.3 STREET ADDRESS	ROUTE 611, P.O. Box 1449
CITY-ST-ZIP	DOYLESTOWN PA	1.4 CITY-ST-ZIP	DOYLESTOWN, PA 18901
TITLE	V	2.1 TITLE	VICE PRESIDENT
NAME	ZABERER, RONALD A	2.2 NAME	NORMA TITNER
STREET ADDRESS	ROUTE 611	2.3 STREET ADDRESS	ROUTE 611, P.O. Box 1449
CITY-ST-ZIP	DOYLESTOWN PA 18901	2.4 CITY-ST-ZIP	DOYLESTOWN, PA 18901
TITLE	SD	3.1 TITLE	
NAME	LANGNER, KEVAN K	3.2 NAME	
STREET ADDRESS	3975 MCMANN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45245	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BYER, P. ROGER	4.2 NAME	
STREET ADDRESS	60 S. JEFFERSON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHIPPANY NJ 07981	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VICE PRESIDENT
NAME	ROACH, THOMAS J JR	5.2 NAME	LARRY MAZZENGA
STREET ADDRESS	RT 611 P.O. BOX 1449	5.3 STREET ADDRESS	RT 611, P.O. Box 1449
CITY-ST-ZIP	DOYLESTOWN PA	5.4 CITY-ST-ZIP	DOYLESTOWN, PA 18901
TITLE		6.1 TITLE	VICE PRESIDENT
NAME		6.2 NAME	SCOTT QUISLING
STREET ADDRESS		6.3 STREET ADDRESS	11306 LOT FRAGWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DALLAS TX 75238

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Norma Titner* **6-13-96** **815-348-9011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **NORMA TITNER**

CR2E034 (3/96)