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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # EOSAS7

111

HOUSE OF HOT TUBS, INC. Principal Place of Business Mailing Address 5416 WEST LINEBAUGH TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624-5067	
	Incorporated or Qualified 3a. Date of East Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address 4. FELN	lumber Applied For
	2072548 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certif	ficate of Status Desired See Required \$8.75 Additional Fee Required
City & State City & State 6. Elect	ion Campaign Financing \$5.00 May Be
	Fund Contribution
	corporation has liability for intangible tax under s. 199.032, da Statutes
	da Statutes Yes No le and Address of New Registered Agent
COLEGROVE, JACQUELYNE F. 81 Name	
40400 UNI DUPDAT DODE	ox Number is Not Acceptable)
TAMPA FL 33624	on the had to the thought of
DA City	85 Zip Code
the state of the s	FL 85 2.19 Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above riamed corporation sub-office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE	of directors. I hereby accept the appointment as registered
Signature: typical or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstall	3
Signature: typed or puriled name of registered agent and the if applicable (NOTE: Registered Agent algebraic required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT	TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature: typed or punied name of registered agent and title if applicable (NOTE: Registered Agent algenture required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT IT IT IT IT IT. TITLE	
12. OFFICERS AND DIRECTORS 13. ADDIT 1I/LE P COLEGROVE, JACQUELYNE F. Signature typed or puriled name of registered agent and the if applicable (NOTE: Registered Agent algenture required when reinstal 12. DELETE 1.1 TITLE 1.2 NAME	TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 address.

FILED

May 12 1997 8:00am

Secretary of State