

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:13

DOCUMENT # F57892 (4)

1. Corporation Name

FLAMINGO POOL AND SPA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
XXXXXXXXXX 8260 Pascal Dr. P.O. BOX 5076X 512138 XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX 8260 Pascal Dr. P.O. BOX 5076X 512138 XXXXXXXXXXXXXXXXXXXX
Punta Gorda, FL 33951-2138	Punta Gorda, FL 33951-2138

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

3. Date incorporated or Qualified	3a. Date of Last Report
12/10/1981	02/14/1994
4. FEI Number	Applied For
59-2149196	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MENZER, HANS
~~XXXXXXXXXX~~ 8260 Pascal Dr.
~~XXXXXXXXXXXXXXXXXXXX~~ Punta Gorda, FL 33951-2138
P.O. Box 512138

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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] HANS MENZER 1/21/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENZER, HANS
STREET ADDRESS	XXXXXXXXXX 8260 Pascal Dr.
CITY-ST-ZIP	XXXXXXXXXX Punta Gorda, FL 33951-2138
TITLE	ST
NAME	MENZER, NATALIA
STREET ADDRESS	XXXXXXXXXX 8260 Pascal Dr.
CITY-ST-ZIP	XXXXXXXXXX Punta Gorda, FL 33951-2138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or 13, in respect, or on an attachment with an address.

SIGNATURE: [Signature] HANS MENZER 1/21/95 813-575-7082