

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F89305 (9)			
1. Corporation Name RAY LENNON POOL SERVICE, INC.			
Principal Place of Business 1721 COSTA DEL SOL P.O. BOX 1652 BOCA RATON FL 33429-1652		Mailing Address 1721 COSTA DEL SOL P.O. BOX 1652 BOCA RATON FL 33429-1652	
2. Principal Place of Business 21		2a. Mailing Address 26 1012 SW 3 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State BOCA RATON FL	
23 Zip		28 Zip 33486	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent LENNON, RAY 1012 SW 3RD STREET BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name RA 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 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 <i>[Signature]</i> DATE <i>0018 CL</i>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PD LENNON, RAY		1.2 NAME	
STREET ADDRESS 1012 SW 3RD ST		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME S LENNON, CAROLE		2.2 NAME	
STREET ADDRESS 1012 SW 3RD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME V LENNON, MICHAEL		3.2 NAME	
STREET ADDRESS 1012 SW 3RD ST		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME T LENNON, JOSEPH		4.2 NAME	
STREET ADDRESS 1012 SW 3RD ST		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: <i>Carole Lennon Sec.</i> 4/21/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)