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May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997 1998



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

DOCUMENT # F91838 (5)

1. Corporation Name

ABER PARAGON POOLS, INC.

Principal Place of Business: C/O DOUGLAS LOUIS ABER, 3501 BEACON DR., PT CHARLOTTE FL 33900
Mailing Address: 23375 JANICE AVE, 3501 BEACON DR., PT CHARLOTTE FL 33900-8552 US

3. Date Incorporated or Qualified: 07/23/1982
3a. Date of Last Reg: 05/01/1998

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

4. FEI Number: 59-2210653
5. Certificate of Status Desired: [] \$8.75 Ad Fee Req
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 M Added to
8. This corporation has liability for intangible tax under s. 1 Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent: ABER, DOUGLAS LOUIS, 3501 BEACON DR., PT. CHARLOTTE FL 33980

10. Name and Address of New Registered Agent: [B1] Name [B2] Street Address (P.O. Box Number is Not Acceptable) [B3] [B4] City [B5] FL [B6] Zip Co.

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [] DATE: []

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ABER, DOUGLAS LOUIS	
STREET ADDRESS	3501 BEACON DRIVE	
CITY- ST- ZIP	PT. CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ABER, ROBERT EARL	
STREET ADDRESS	25295 CAYCE CT	
CITY- ST- ZIP	CHARLOTTE HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHILSTRA, GLENN	
STREET ADDRESS	3422 MELISSA CT.	
CITY- ST- ZIP	PORT CHARLOTTE FL 33980	
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

1.1 TITLE	<input type="checkbox"/> Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	700002524587
5.3 STREET ADDRESS	05/15/98--01006--023
5.4 CITY- ST- ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change
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 as 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.



05/13