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Mar 11 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 # H57672 (8)
1. Corporation Name
AQUA MARINE POOL SERVICES, INC.



Principal Place of Business Mailing Address
400 S. DIXIE HWY. SUITE 423 BOCA RATON FL 33432
400 S. DIXIE HWY. SUITE 423 BOCA RATON FL 33432-6023

3. Date Incorporated or Qualified 05/20/1985
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address
21 1063 Coral Drive 26 P.O. Box 3735
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2529863
Applied For Not Applicable

22 City & State 27 City & State
23 Boynton Beach, Fl. 28 Boynton Beach, Fl.

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
33426 PB 33424 Palm Beach

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPER, JERRY
400 S DIXIE HWY
SUITE 423
BOCA RATON FL 33432

81 Name RAPER, JERRY
82 Street Address (P.O. Box Number is Not Acceptable) 1063 CORAL DR.
83
84 City Boynton Beach FL 85 Zip Code 33426

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	RAPER, JERRY L.	
STREET ADDRESS	1063 CORAL DR.	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RAPER, MARJORIE	
STREET ADDRESS	1063 CORAL DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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, on an attachment with an address.

SIGNATURE: Jerry L. Raper / Jerry L. Raper 3/6/97 561-738-4762
Date Daytime Phone #

CR2E034 (9/96)