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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

497246 DOCUMENT #

BLUE DOLPHIN FIBERGLASS POOLS OF FLORIDA, INC. 2055 34th Way North Largo, Florida 34641

APPROVED AND

97 JUL 18 AH 7: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2055 34th LARGO, FL 34641					
	ORIDA				
34641		L			
	4641 34641		3. Date Incorporated or Qualified	3a. Date of L	ast Report
		02/03/1986	05/0	1/96	
2a. Mailing Address		4. FEI Number		Applied For	
26 2055 34th WAY			59-2642071		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5, Certificate of Status Desired	T	75 Additional	
				F(e Required
, .			6. Election Campaign Financing		.00 May Be
LARGO, FL	LORIDA Country				ded to Fees
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	[30] 0	5A			
NOTOGO A POINT		81 Name	TO. THE DESIGNATION OF THE PERSON OF THE PER	egistorea Agent	
CHARLES KASPER 2055 34th WAY N.		82 Street A	ddress (P.O. Box Number is Not Accepta	able)	
152	ĺ	83			
752					
	ĺ	84 City		85	Zip Code
CO7 1500 Florido Ctat	ulan the of		and the state of t		
rida. Such change was	authorized	by the corpo	ration's board of directors. I hereby acce	ept the appointmen	ing its registered it as registered
of, Section 607.0505, F	Iorida Stat	utes.			_
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LARGO, FLORIDA 33771			Change		nge Additio
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	4. 2 N/	i			
	4.3 ST	REET ADDRESS			
Inter		Y-ST-ZIP			one I taldist
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) (r	33771 stered Agent 52 507.1508, Florida Statuda, Such change was of, Section 607.0505, Florida Statuda, Section 607.0505, Florida Statuda, Such change was of, Section 607.0505, Florida Statuda, Section 607.0505, Fl	LARGO	LARGO FLORIDA Zip Country 33771 30 USA	Trust Fund Contribution Zip Country 8. This corporation has liability for Florida Statutes Stered Agent 10. Name and Address of New R 81 Name 82 Street Address (P.O. Box Number is Not Accepted Statutes) 83 Street Address (P.O. Box Number is Not Accepted Statutes) 84 City Street Address (P.O. Box Number is Not Accepted Statutes) 8507.1508. Florida Statutes, the above-named corporation submits this statement for the Ida. Such change was authorized by the corporation's board of directors. I hereby accepted Statutes (NOTE Registered Agent signature required when reinstating) CTORS 13. ADDITIONS/CHANGES TO OFF 1 DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Trust Fund Contribution

SIGNATURE:

CHARLES KASPER

07/09/97

(813)535-5676