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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J39108 (2) 1. Corporation Name ALL BRITE POOLS AND SPAS, INC.			
Principal Place of Business 3008 BONAVENTURE CIRCLE #203 PALM HARBOR FL 34684-4707		Mailing Address 3008 BONAVENTURE CIRCLE #203 PALM HARBOR FL 34684-4707	
2. Principal Place of Business 21 2689 BIGGAR CT. Suite, Apt. #, etc.		2a. Mailing Address 26 2689 BIGGAR CT. Suite, Apt. #, etc.	
23 PALM HARBOR, FL. Zip 34684		27 PALM HARBOR, FL Zip 34684	
24 PINELLAS		30 PINELLAS	
9. Name and Address of Current Registered Agent KNOX, RICHARD G. 3008 BONAVENTURE CIRCLE #203 PALM HARBOR FL 34684		10. Name and Address of New Registered Agent 81 Name KUZYK, ANDREW 82 Street Address (P.O. Box Number is Not Acceptable) 2689 BIGGAR CT. 83 84 City PALM HARBOR FL 85 Zip Code 34684	
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>Andrew Kuzyk</i> DATE 4-23-95			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE POB NAME KNOX, RICHARD G STREET ADDRESS 3008 BONAVENTURE CIRCE CITY ST ZIP PALM HARBOR FL		11 TITLE VICE-PRESIDENT ☒ Change ☐ Addition 12 NAME RICHARD G. KNOX 13 STREET ADDRESS 3008 BONAVENTURE CIR #203 14 CITY ST ZIP PALM HARBOR, FL 34684	
TITLE D NAME KNOX, RICHARD G. STREET ADDRESS 3008 BONAVENTURE CIRCE CITY ST ZIP PALM HARBOR FL		21 TITLE DELETE ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
TITLE V NAME KUZYK, ANDREW STREET ADDRESS 2689 BIGGAR CT CITY ST ZIP PALM HARBOR FL		31 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition 32 NAME KUZYK, ANDREW 33 STREET ADDRESS 2689 BIGGAR CT 34 CITY ST ZIP PALM HARBOR, FL 34684	
TITLE STD NAME KNOX, MARTHA W STREET ADDRESS 3008 BONAVENTURE CIR #203 CITY ST ZIP PALM HARBOR FL		41 TITLE DELETE ☒ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE SECRETARY, DIRECTOR, TREAS. ☒ Change ☐ Addition 52 NAME ANDREW KUZYK 53 STREET ADDRESS 2689 BIGGAR CT 54 CITY ST ZIP PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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 119.07(3)(b), 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>Andrew Kuzyk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-23-95 787-5982 Date	