

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J48715** (3)

1. Corporation Name

DIETRICH BROTHERS SWIMMING POOL SERVICES, CORP.

Principal Place of Business

C/O DONALD J. DOODY
3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

C/O DONALD J. DOODY
3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

DOODY, DONALD J.
3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

81 Name

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 this 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

Signature, typed or printed name of registered agent and title (if applicable)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	[] DELETE
2. NAME	DIETRICH, DAVID L.	
3. STREET ADDRESS	42 PALM SQUARE	
4. CITY-STATE-ZIP	DELRAY BEACH FL	
5. TITLE	V	[] DELETE
6. NAME	DIETRICH, DANIEL G.	
7. STREET ADDRESS	238 SE 7TH AVENUE	
8. CITY-STATE-ZIP	DELRAY BEACH FL	
9. TITLE		[] DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		[] DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13.

1. TITLE		[] Change [] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		[] Change [] Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		[] Change [] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] Change [] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		[] Change [] Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

1308 Lake Drive
Delray Beach FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-96

(407) 393-6373

CP2E034 (12/95)