

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J78352 (8)
1. Corporation Name
POOL-RITE, INC.



Principal Place of Business
**P.O. BOX 55-8365
MIAMI FL 33255-5365**

Mailing Address
**P.O. BOX 55-8365
MIAMI FL 33255-5365**

3. Date Incorporated or Qualified **06/15/1987** 3a. Date of Last Report **02/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2817294		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUM, TED
169 EAST FLAGLER ST.
SUITE 723
MIAMI FL 33131**

81 Name	FERNANDO HERNANDEZ		
82 Street Address (P.O. Box Number is Not Acceptable)	269 GIRALDA ST		
83	SUITE 202		
84 City	CORAL GABLES	85 State	FL
		86 Zip Code	33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 *Fernando Hernandez* **FERNANDO HERNANDEZ** DATE **4-23-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDDLE, GEORGE E. <input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	116 BAL BAY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDDLE, JOYCE <input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	116 BAL BAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, ENRIQUE <input type="checkbox"/> DELETE	3.2 NAME	DIV ALONSO, ENRIQUE
STREET ADDRESS	7981 SW 35 TR	3.3 STREET ADDRESS	7981 SW 35 TERR
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, CARIDAD <input type="checkbox"/> DELETE	4.2 NAME	DIV ALONSO, CARIDAD
STREET ADDRESS	7981 SW 35 TR.	4.3 STREET ADDRESS	7981 SW 35 TERR.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Enrique Alonso* **ENRIQUE ALONSO** DATE **4-24-96** (305) 266-1908
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)