

**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 # **K33302 (6)**

1. Corporation Name  
**POOLS 'N SPAS OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**5 MARKET PLACE, UNIT 3  
PALM COAST FL 32137**

Mailing Address  
~~P.O. BOX 052185~~  
~~PALM COAST FL 32135~~

3. Date Incorporated or Qualified **09/07/1988** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business: 21 2a. Mailing Address 26  
**5 MARKET PL. CT. #3**

Suite, Apt. #, etc 22 Suite, Apt. #, etc 27

City & State 23 City & State 28  
**PALM COAST, FL.**

Zip 24 Country 25 Zip 29 Country 30  
**32137-5105**

4. FEI Number **59-2913233** Applied For Not Applicable

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

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

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EDEN, JAMES C  
36 FOLCROFT  
PALM COAST FL 32137**

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 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

Signature of the corporation (sign for the corporation)

Signature of the Agent (sign as individual)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>EDEN, JAMES C</b>	
STREET ADDRESS	<b>36 FOLCROFT</b>	
CITY - ST - ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>EDEN, CYNTHIA M</b>	
STREET ADDRESS	<b>36 FOLCROFT</b>	
CITY - ST - ZIP	<b>PALM COAST FL 32137</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

**800001867998**  
**-06/19/96--01136--020**  
**\*\*\*200.00**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C Eden

4/30/96

904-445-5054

CR2E034 (12/95)

*S-1-96*