

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 # **K49232** (7)

1. Corporation Name
PROGRESSIVE POOL PRODUCTS & SERVICES, INC.



Principal Place of Business
**% SHELDON HOFFMAN
14727 N. DALE MABRY
TAMPA FL 33618**

Mailing Address
**% SHELDON HOFFMAN
14727 N. DALE MABRY
TAMPA FL 33618**

3. Date Incorporated or Qualified 12/05/1988	3a. Date of Last Report 04/06/1995
4. FEI Number 59-2923003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HOFFMAN, SHELDON M.
14727 N. DALE MABRY
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81. Name Robert F. Cohen
82. Street Address (P.O. Box Number is Not Acceptable) 7823 N. Dale Mabry
83. Ste # 100
84. City Tampa
85. Zip Code FL 33614

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 607.0503, Florida Statutes.

SIGNATURE **Robert F. Cohen**

Robert F. Cohen

3/27/96

12. OFFICERS AND DIRECTORS

TITLE VD	NAME HOFFMAN, NANCY	STREET ADDRESS 14727 N. DALE MABRY	CITY-STATE-ZIP TAMPA FL	<input type="checkbox"/> DELETE
TITLE PD	NAME HOFFMAN, SHELDON	STREET ADDRESS 14727 N. DALE MABRY	CITY-STATE-ZIP TAMPA FL	<input type="checkbox"/> DELETE
TITLE T	NAME HOFFMAN, CHAD	STREET ADDRESS 14727 N. DALE MABRY	CITY-STATE-ZIP TAMPA FL	<input type="checkbox"/> DELETE
TITLE S	NAME HOFFMAN, IRA	STREET ADDRESS 14727 N. DALE MABRY	CITY-STATE-ZIP TAMPA FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 a shareholder 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, on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 **813-963-2986**

CR2E034 (12/95)