

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
FILED

1998 MAY -1 11 4 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # **K50952**  
1. Corporation Name:  
**Unique Pools, Inc.**

Principal Place of Business: **838 Virginia Avenue  
Lake Placid, FL 33852**

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business:  
21 **838 Virginia Ave.**  
Suite, Apt. #, etc.  
22  
City & State:  
23 **Lake Placid, FL**  
Zip: **33852** Country: **Highlands**

2a. Mailing Address:  
26 **838 Virginia Ave.**  
Suite, Apt. #, etc.  
27  
City & State:  
28 **Lake Placid, FL**  
Zip: **33852** Country: **Highlands**

4. FEI Number: **59-2941266** 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent:  
**David R. Williamson  
838 Virginia Avenue  
Lake Placid, FL 33852**

10. Name and Address of New Registered Agent:

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 607.1501, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *David R. Williamson* David R. Williamson May, 1998

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Williamson, David R.	
STREET ADDRESS	838 Virginia Avenue	
CITY-ST-ZIP	Lake Placid, FL 33852	<input type="checkbox"/> DELETE
TITLE	STD	
NAME	Williamson, Darlean	
STREET ADDRESS	5112 Bonita Street	
CITY-ST-ZIP	Wimauma, FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>300002531663--E</b>
14 CITY-ST-ZIP	<b>-05/21/98--01075--009</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>****150.00 ****150.00</b>
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate as of that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or have been so lawfully empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet.

SIGNATURE: *David R. Williamson* David R. Williamson, Pres. May, 1998 (941) 465-7800

CR2E034 (10/97)