

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00162 (2)
 1. Corporation Name
KLEARWATER POOLS & SPAS INC.

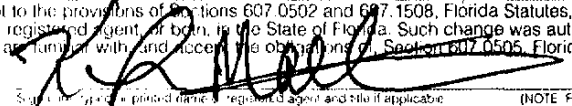
Principal Place of Business % NEAL S. LITMAN 2000 SOUTH DIXIE HIGHWAY, SUITE 101 MIAMI FL 33133	Mailing Address % NEAL S. LITMAN 2000 SOUTH DIXIE HIGHWAY, SUITE 101 MIAMI FL 33133-2441
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1989	3a. Date of Last Report 05/10/1996
21		26		4. FEI Number 65-0140594	Applied For ☐ Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LITMAN, NEAL S. 2000 SOUTH DIXIE HIGHWAY SUITE 101 MIAMI FL 33133		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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, if 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:  DATE: **4-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MATHERN, KEVIN 21250 S.W. 244TH STREET HOMESTEAD FL	1.1 TITLE	☐ Change ☐ Addition
NAME	MATHERN, KEVIN	1.2 NAME	
STREET ADDRESS	21250 S.W. 244TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	1.4 CITY - ST - ZIP	
TITLE	VP MATHERN, KEVIN	2.1 TITLE	☐ Change ☐ Addition
NAME	MATHERN, KEVIN	2.2 NAME	
STREET ADDRESS	688 SW 47TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	2.4 CITY - ST - ZIP	
TITLE	TS MATHERN, SUSAN	3.1 TITLE	☐ Change ☐ Addition
NAME	MATHERN, SUSAN	3.2 NAME	
STREET ADDRESS	21250 S.W. 244TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 or on an attachment with an address.

SIGNATURE:  DATE: **4-23-97**

CR2E034 (9/96)