

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

FILED
Mar 19 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 # **L07536** (0)
1. Corporation Name
DESIGNER POOLS-POOL SUPPLY, INC.



Principal Place of Business 1640 MYRTLE LAKE HILLS P O BOX 521870 LONGWOOD FL 32750 US	Mailing Address 1640 MYRTLE LAKE HILLS RD P O BOX 521870 LONGWOOD FL 32750-2856 US
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3. Date Incorporated or Qualified 08/07/1989	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 536 SUN VALLEY VILLAGE Suite, Apt. #, etc. 22 #6	2a. Mailing Address 26 536 SUN VALLEY VILLAGE Suite, Apt. #, etc. 27 #6	4. FEI Number 59-2963419	Applied For Not Applicable
23 ALTAMONTE SPRINGS, FL City & State 24 32714 Zip 25 USA Country	28 ALTAMONTE SPRINGS, FL City & State 29 32714 Zip 30 USA Country	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			

9. Name and Address of Current Registered Agent

**ROSSER, THOMAS G.
1640 MYRTLE LAKE HILLS RD
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	536 SUN VALLEY VILLAGE
83 Suite, Apt. #, etc.	#6
84 City & State	ALTAMONTE SPRINGS, FL
85 Zip Code	32714

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, typed or printed name of registered agent and filed applicative

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSER, THOMAS G.	1.2 NAME	
STREET ADDRESS	1640 MYRTLE LK HILLS RD	1.3 STREET ADDRESS	536 SUN VALLEY VILLAGE #6
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSER, GAIL	2.2 NAME	
STREET ADDRESS	1640 MYRTLE LK HILLS RD	2.3 STREET ADDRESS	536 SUN VALLEY VILLAGE #6
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

THOMAS G. ROSSER

3/12/97 407-786-7335

CR2E034 (9/96)