FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)C. R. K. POOLS, INC. Principal Place of Business Mailing Address **% CHARLES R. KAZAKOS** % CHARLES R. KAZAKOS 1100 NE 42NO ST. POMPANO BEACH FL 33064 1100 NE 42ND ST. POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1990 4, FEI Number 2. Prigcipal Place of Busine Applied For 65-0168787 Not Applicable \$8.75 Additional 13 th place 27 13 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name CHARLES 81 KAZAKOS, CHARLES R. 1100 NE 42ND ST. 82 POMPANO BEACH FL 33064 33486 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. I am finite right, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CHARLES K. KACA KOS Pass DELLE 19/9/19/58 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE KAZAKOS, CHARLES R. NAME 1.2 NAME 13TH PLACE -1100 NE-42ND-0T. 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-2IP TITLE DELETE 5.1 TITLE Change __ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE MALIF 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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

CHARLES R. KAZAKOS

CITY-ST-ZIP

SIGNATURE:

CR2E034