

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L49214 (4)

1. Corporation Name  
DRIVE-THRU DISCOUNT POOL SUPPLIES & LAWN SUPPLIES, INC.



Principal Place of Business  
1432 10TH CT.  
LAKE PARK FL 33403  
US

Mailing Address  
1432 10TH CT.  
LAKE PARK FL 33403  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
02/12/1990

4. FEI Number  
65-0179713  
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  
KRAMER, SCOTT  
1155 U.S. HWY ONE  
SUITE 205  
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent  
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, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	ROSSI, PETER	188 COMMODOR DR	JUPITER FL	<input type="checkbox"/>
D	ROSSI, ANTONETTA	188 COMMODO DR	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.1 NAME	2.1 STREET ADDRESS	2.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.1 NAME	3.1 STREET ADDRESS	3.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.1 NAME	4.1 STREET ADDRESS	4.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.1 NAME	5.1 STREET ADDRESS	5.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.1 NAME	6.1 STREET ADDRESS	6.1 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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; 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: *Peter Rossi*

CR2E034 (10/97)