

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73081 (6)  
1. Corporation Name  
~~SUNSHINE POOL & SPA SERVICES, INC.~~ NEW  
Advanced Pool & Spa Technology, Inc.

Principal Place of Business 371 PARK ST APT A MIAMI SPRINGS FL 33166 US	Mailing Address P.O. BOX 660870 MIAMI SPRINGS FL 33266-0870 US
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3. Date Incorporated or Qualified 05/15/1990	3a. Date of Last Report 10/07/1996
4. FEI Number 65-0308503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2715 Northland Rd. Suite, Apt. #, etc. 22 City & State 23 Mt. Dora, Fla. Zip 24 32757 Country 25 U.S.A.	2a. Mailing Address 26 2715 Northland Rd. Suite, Apt. #, etc. 27 City & State 28 Mt. Dora, Fla. Zip 29 32757 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent  
SULLIVAN, DWIGHT P  
14 N.E. FIRST AVENUE  
SUITE #1205  
MIAMI FL 33132

10. Name and Address of New Registered Agent 81 Name Jessica D. Evering 82 Street Address (P.O. Box Number is Not Acceptable) 2715 Northland Rd. 83 84 City Mt. Dora FL 85 Zip Code 32757
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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 Jessica Evering Jessica Evering, Treasurer 4-5-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	EVERING, STEVEN
STREET ADDRESS	481 PAYNE DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	EVERING, SUSAN
STREET ADDRESS	481 PAYNE DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	EVERING, TED
STREET ADDRESS	481 PAYNE DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Evering, Steven
13 STREET ADDRESS	2715 Northland Rd.
14 CITY-ST-ZIP	Mt. Dora, Fla. 32757
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Evering, Susan
2.3 STREET ADDRESS	37104 N. Thrill Hill Rd.
2.4 CITY-ST-ZIP	Eustis, Fla. 32726
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Evering, Ted
3.3 STREET ADDRESS	37104 N. Thrill Hill Rd.
3.4 CITY-ST-ZIP	EUSTIS, Fla. 32726
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Evering, Jessica D.
4.3 STREET ADDRESS	2715 Northland Rd.
4.4 CITY-ST-ZIP	Mt. Dora, Fla. 32757
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jessica Evering Jessica Evering, Treasurer 4-5-97  
(352) 735-5237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)