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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L94677 ECH POOL CARE, INC.	(6)					
Principal Place of Business Mailing Address					i saditate aut tatte einee aust jaare jaar	RIQUI ASREC BERCE ACROS (erant aract faat
1752 LAKEVIEW RD CLEARWATER FL 34616 1752 LAKEVIEW RD CLEARWATER FL 34616-364							
					 Date Incorporated or Qualified 08/07/1990 	3a. Date of La 05/28/199	
2. Principal P	hace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	H also	Suite, Apt. #, etc.	······································		59-3026880	100	Not Applicable
22	π. Θιο.	27			5. Certificate of Status Desired		5 Additional Required
City & State	0	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip Tin	Country	Zip	Cou	ntry	8. This corporation has liability for i		er s. 199.032,
24	25 g. Name and Address of Currer	29 nt Registered Agent	30	· , 	Florida Statutes 10. Name and Address of New Re	Yes No	
1756 CLE	Onnor, anthony n. 2 Lakeview RD Arwater FL 34816			83 84 City	dress (P.O. Box Number is Not Acceptable of the properties of the particular of the pation's board of directors. I hereby acceptation's board of directors. I hereby acceptation's board of directors. I hereby acceptation	FL 85	Zip Code
agent 1 a SIGNATURE	im familiar with, and accept the oblig	lations of, Section 607.0505, Fi	lorida Stat	utes.	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	
TOTUE	D	DELETE	1.3 10	ilē	ADDITION OF TAXABLE TO CITTLE	[] Char	
NAME STREET ADDRESS	O'CONNOR, ANTHONY N. 1752 LAKEVIEW RD		1	REET ADDRESS			
CITY - ST - ZIP TITLE	CLEARWATER FL.	DELETE	2.1 TIT	TY-ST-ZIP		[] Char	nge Addition
NAME STREET ADDRESS CITY: ST: ZIP	O'CONNOR, JACQUELYN 1752 LAKEVIEW RD CLEARWATER FL		2.2 NA 2.3 ST				
TITLE NAME STREET ADDRESS		DELETE	3.1 TII 3.2 NA	LE		[_] Char	nge Addition
CITY - ST - ZIP THILE NAME		☐ DELETE	3.4. CI 4.1 Til 4. 2 N			☐ Char	nge Addition
STREET ADORESS OITY+ST-ZIP		DELĒTE	4.4 CI	REET ADDRESS TY-ST-ZIP	, (1888), (188	Char	nge Addition
NAME STREET ADDRESS		C orrest		ME REET ADDRESS		L. VIIAI	ngo La raggillosi i
CITY - ST-ZIP HILE NAME CITETAL ADORESE		☐ DELETE	6.1 TI	IME		Char	nge Addition
STREET ADDRESS				REET ADDRESS			2

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.

FILED

Apr 25 1997 8:00am

Secretary of State