

07/25/2005

14:19

HARPER KYNES GELLER & BUFORD P.A. 185020 0380
Division of Corporations

NO.681

P01

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M80051

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : HARPER, KYNES, GELLER & BUFORD
Account Number : 070651000745
Phone : (727)799-4840
Fax Number : (727)797-8206

RECEIVED

05 JUL 25 AM 8:00

DIVISION OF CORPORATIONS

FILED
05 JUL 25 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION

HAWAIIAN FIBERGLASS POOLS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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AOR
7/25/05

ARTICLES OF DISSOLUTION OF
HAWAIIAN FIBERGLASS POOLS, INC.FILED
05 JUL 25 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hawaiian Fiberglass Pools, Inc. ("Corporation") is hereby dissolved under the laws of the State of Florida.

ARTICLE I--Name

The name of the Corporation is: Hawaiian Fiberglass Pools, Inc.

ARTICLE II--Articles of Incorporation

The Articles of Incorporation were filed on Hawaiian Fiberglass Pools, Inc., on May 10, 1988.

ARTICLE III--Document Number

The document number of the corporation is M80051.

ARTICLE IV--Authorization and Effective Date

The dissolution of the Corporation was authorized on July 22, 2005 to be effective upon filing.

ARTICLE V--Adoption of Dissolution

Dissolution was approved by the Shareholders. The number of votes cast for dissolution was sufficient for approval.

DATED: July 22, 2005.


Roger Erdelac, President

STATE OF FLORIDA
COUNTY OF PINELLAS

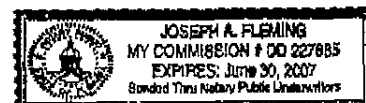
The foregoing instrument was acknowledged before me this 22 day of July, 2005, by Roger Erdelac, President of Hawaiian Fiberglass Pools, Inc., a Florida Corporation, on behalf of the Corporation. He is personally known to me or has produced _____ as identification.


NOTARY PUBLIC, State of Florida

Printed Name: _____

My Commission Expires: _____

Commission No. _____



NOTICE OF CORPORATE DISSOLUTION

This notice is being submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: HAWAIIAN FIBERGLASS POOLS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

- (a) The full name, address and phone number of the person which purchased products and/or services. In the event that the telephone number and/or address has changed since the product and/or services, please provide both the old and new information.
- (b) The address of where the services took place, if services were performed.
- (c) The date when services were begun and completed, if services were performed.
- (d) A copy of any contract(s) between HAWAIIAN FIBERGLASS POOLS, INC. and the party alleging the claim.
- (e) Please state with specificity the exact nature of the alleged problem/defect and how it is related to the product and or services which were performed by HAWAIIAN FIBERGLASS POOLS, INC.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation)

Roger Erdelac
2055 Blue Hawaiian Drive
Largo, FL 33771

A CLAIM AGAINST THE ABOVE NAME CORPORATION WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN 4 YEARS AFTER THE FILING OF THIS NOTICE.

IN WITNESS WHEREOF, I have set my hand and seal this 22 day of July, 2005.

Signed, sealed and delivered in the presence of

HAWAIIAN FIBERGLASS POOLS, INC.

Printed Name: GARY HOWARD

By Roger Erdelac
Roger Erdelac, President

Printed Name: KARLA MOORE

State of Florida
County of Pinellas

The foregoing instrument was acknowledged before me this 22 day of July, 2005 by Roger Erdelac, the President of Hawaiian Fiberglass Pools, Inc., who is personally known to me or who has produced _____ as identification and who did take an oath.

Joseph A. Fleming
Notary Public, State of Florida
Printed Name: _____
My Commission Expires: _____

