


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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M81044 (3)**  
 1. Corporation Name  
**AQUATIC POOL BUILDERS, INC.**



Principal Place of Business <b>376 26TH AVENUE, S.E. ST. PETERSBURG FL 33705</b>	Mailing Address <b>376 26TH AVENUE, S.E. ST. PETERSBURG FL 33705-3314</b>
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2. Principal Place of Business 21 <b>5500 - 4TH ST N</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5500 - 4TH ST N</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/16/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
22		27		4. FEI Number <b>59-2902266</b>	Applied For Not Applicable
23 <b>ST PETERSBURG FL</b> City & State		28 <b>ST PETERSBURG FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33703</b> Zip		29 <b>33703</b> Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 <b>PINELLAS</b> Country		30 <b>PINELLAS</b> Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRAYL, DALE</b> <b>376 26TH AVENUE, S.E.</b> <b>ST. PETERSBURG, FL. 33705</b>		10. Name and Address of New Registered Agent 81 Name <b>DALE GRAYL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. BOX 1100 5500 - 4TH ST N</b> 83 84 City <b>ST PETERSBURG</b> FL 85 <b>33703</b> <b>33731</b>	
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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: Dale Grayl **DALE GRAYL PRESIDENT** 4/30/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP GRAYL, DALE</b>	1.2 NAME	<b>5500 - 4TH ST. NORTH</b>
STREET ADDRESS	<b>376 26TH AVE., SE</b>	1.3 STREET ADDRESS	<b>ST. PETERSBURG FL. 33703</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DST GRAYL, MARY</b>	2.2 NAME	<b>5500 - 4TH ST. NORTH</b>
STREET ADDRESS	<b>376 26TH AVE., SE</b>	2.3 STREET ADDRESS	<b>ST PETERSBURG, FL. 33703</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Dale Grayl **DALE GRAYL PRESIDENT** 3/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)