FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

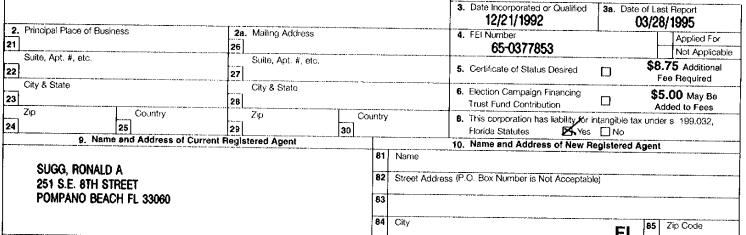
DOCUMENT # Corporation Name

P92000014113 (4)

CRAFT MASTER POOLS, INC. Principal Place of Business Mailing Address

1467 BANKS ROAD MARGATE FL 33063 1467 BANKS ROAD

MARGATE FL 33063



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 familiar with, and accord the obligations of Section 507.0505, English Statutes.

larılılar witi	i, and accept the obligations of, Section E	07.0505, Florida Statute:	§.		a agam. ram
SIGNATURE	signatura, typeo or printed name of registered agent and ti	lle it aecileatrie ner	OTE: Registered Agent signature required		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		200 11 40	
TITLE	P	DELETE	1.1 TIFLE	Change	DRS IN 12
NAME	SUGG, RONALD A		1.2 NAME	Change	L] Addition
STREET ADDRESS	251 S.E. 8TH STREET		1.3 STREFT ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP		
TITLE		DELETE.	2 1 TITLE	☐ Change	Addition
NAME			2.2 NAME	L Change	L. Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIF		
TITLE		DELETE	3. 1 TILE	Change	Addition
NAME			3.2 NAME	orange xc	[] Addition
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP			3.4 C/TY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change	Add tion
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STREET ADDRESS			4.3 STREET ADDRESS		
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IAME			5 2 NAVIE	☐ Change	Addition
STREET ADORESS			5 3 STREET ADDRESS		
ITY+ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6 1 TITLE	Change	C) Addition
IAME			6.2 NAME	[] Grange	☐ Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
			■ 0.4 O(11-31-21P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cartify that the information indicated on this annual aport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the copportion or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corpo appears in Block 12 or Block 13 if changed, or nent with an address.

SIGNATURE:

SIGNATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR