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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000029478 (3)

WATER	ASIDE POOLS, INC.								
Principal Place of Business Mailing Address 401 ORANGE ST PALM HARBOR FL 34683 PALM HARBOR I US WS									
						3. Date incorporated or Qualified 3a 04/19/1993		Last Report 21/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	1 ~			4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	#			59-3189503		Not Applicable 8.75 Additional	2
22		27				5. Certificate of Status Desired] *	Fee Required	
City & State		City & State				6. Election Campaign Financing	7	\$5.00 May Be	\neg
23 Z _I D	Country	28 Zin	Т Со			Trust Fund Contribution		Added to Fees	_
24	25	7 ₁ p	30	untry		8. This corporation has liability for intan		nder s 199.032,	
	9. Name and Address of Curre		100	L_		10. Name and Address of New Regis	-	ent	
			12/	81	Name				
	ITSON, THEODORE R			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			\dashv
	Rownell St Vater fl 34616			83	 				
ULLA	MIEN I'L 94010								
				84	City		FL 8	35 Zip Code	_
SIGNATURE						ration submits this statement for the purpose rd of directors. I hereby accept the appointm	e of changing of c	ng its registered offic istered agent. I am	e
12.	Signature, typed or printed name of migistered agen OF FICERS AN	it and stile if any ideals (NO ND DIRECTORS	lf. Registered	i Agen	nt signature required		DATE:	2507000 INL 40	
TITLE	PD	DELETÉ	1 ' TITLE		I	ADDITIONS/CHANGES TO OFFICER		Change Addition	
NAME	SUTTON, GARY			1.2 NAME			_		
STREET ADDRESS	401 ORANGE ST		1.3 STREET		ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-		.T- ZIP				
TITLE	CODTED DAVID	DELETE	2 1 I				C	Change Addition	_
NAME STREET ADDRESS	Corter, David 2744 Faith Court		22 N		Labore of				
CITY-ST-ZIP	PALM HARBOR FL		2.3 STREE 2.4 City-						
THLE	The state of the s	DELETE	3 1 1		I-/IF		ПС	hange	\dashv
NAME	SUTTON, DEBORAH		3.2 NAME 3.3 STREE					110 G	
STREET ADDRESS	401 ORANGE ST				ADORESS				
CITY-ST-ZIP	PALM HARBOR FL		3 4 CHY-		T - ZIP				
TITLE		DELETE	4. 1 T	THE			[] C	change	٦
NAME			4.2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP TITLE		() DEFETE	4.4 City -		I-21P			E) New York	\exists
NAME		DELETE	5 1 THILE					change	
STREET ADDRESS			5.2 NAME		*DDDr oc				
CITY-ST-ZIP			5.3 STREE 5.4 CITY-						
TITLE		DELETE	5.4 CI 6. 1 T		1-214		Пс	hange Addition	-
NAME		<u>—</u>	6.2 N						
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP				ITY- \$1	T - Z IP				
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	ished and	doos	s not qualify fo	or the exemption stated in Section 119.07(3))(k), 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 15 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

District Proces

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