FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000029954 (3)**

1. Corporate Name

TROPICAL POOL REPAIR, INC.

Principal Office

126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

Mailing Address

126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

NOTE! Change of Address

2. Principal Place of Business
21 2334 N.E. DIXIE Hwy
22 #5
23 JENSEN BEACH, FL
24 34957 25 MARTIN

2a. Mailing Address
26 SAME
27
28
29 30

3. Date Incorporated or Qualified: 04/22/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0402104 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Is corporation liable for intangibles under s. 199.032 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

WILLIAMS, FRANK E
126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's Board of Directors, I hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties and responsibilities as registered agent.

Frank Williams President (Change of address) 1-22-96
Signature Title Date

12. CURRENT OFFICERS AND DIRECTORS

D
WILLIAMS, FRANK
126 SOUTHEAST CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that I am a qualified agent of this corporation, and that I am not disqualified from acting as such for the reasons stated in Section 140.07(3), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered.

SIGNATURE: Frank Williams President 1-22-96 (407) 334-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)