

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P93000031894 (7)**

1. Corporation Name  
**PAMPERED PROPERTIES, INC.**

97 SEP 16 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

6330 DANIA ST.  
PALM BEACH GARDENS FL 33418

6330 DANIA ST.  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/30/1993</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>65-0405628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>14450 66TH TRAIL N.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>14450 66TH TRAIL NORTH</b> Suite, Apt. #, etc.
22 City & State <b>FL</b>	27 City & State <b>FL</b>
23 <b>PALM BEACH GARDENS</b> Zip <b>33418</b> Country <b>USA</b>	28 <b>PALM BEACH GARDENS FL</b> Zip <b>33418</b> Country <b>USA</b>
24 <b>FL</b>	25 <b>PALM BEACH</b>
29 <b>33418</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

KRAMER, SCOTT  
1155 U.S. HWY. ONE  
SUITE 205  
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name <b>SCOTT KRAMER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6650 WEST INDIANTOWN RD.</b>
83 <b>SUITE 200</b>
84 City <b>JUPITER</b>
85 Zip Code <b>FL 33458</b>

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>ESCHER, BRUCE D</b>	STREET ADDRESS <b>6330 DANIA ST.</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>TS</b>	NAME <b>ESCHER, LISA W</b>	STREET ADDRESS <b>6330 DANIA ST</b>	CITY-ST-ZIP <b>PALM BCH GARDENS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>V</b>	NAME <b>ESCHER, BRUCE D</b>	STREET ADDRESS <b>6330 DANIA ST</b>	CITY-ST-ZIP <b>PALM BCH GARDENS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>V</b>	NAME <b>PERKINS, MATTHEW J</b>	STREET ADDRESS <b>6330 DANIA ST</b>	CITY-ST-ZIP <b>PALM BCH GARDENS FL</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	1.2 NAME <b>ESCHER, BRUCE D. SR.</b>	1.3 STREET ADDRESS <b>14450 66TH TRAIL N.</b>	1.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>TS</b>	2.2 NAME <b>ESCHER, LISA W</b>	2.3 STREET ADDRESS <b>14450 66TH TR. N.</b>	2.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>V</b>	3.2 NAME <b>ESCHER, BRUCE D JR</b>	3.3 STREET ADDRESS <b>14450 66TH TRAIL N.</b>	3.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>V</b>	4.2 NAME <b>PERKINS, MATTHEW J.</b>	4.3 STREET ADDRESS <b>14450 66TH TRAIL N.</b>	4.4 CITY-ST-ZIP <b>PALM BCH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

**ISLANDER POOLS & SPAS**  
**14450 66 th Trail North**  
**Palm Beach Gardens, FL. 33418**

**Phone 561-776-8500**  
**Fax 561-776-8501**  
**LICENSE U-17058**

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Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

September 15, 1997

Dear Sir or Madam,

I spoke to Jason, at your 488-9000 office this morning. I asked him why the fee was so high this year. He said the State Legislature raised the fee, to make people file on time. He also told me it is our responsibility to file whether we get the report form or not.

I am truly sorry our report is late. We try to file all reports and forms required by the various agencies in a timely manner. We do not have a staff to keep track of all the paperwork and forms generated by all the agencies. We are a 4 person, family run company, struggling to survive.


We moved in November last year and did not receive any form in January. The enclosed report form has 2 different addresses on it. The report form shows our old address, and the envelope has our correct address on it. Somewhere a mistake was made, perhaps the post office ?

I am asking you to please accept our payment, and waive the late fee. The late fee would be an incredible burden for us.

I assure you we will not be late with our filing again. We have a computer now and I have put the transaction in the computer. It will generate the check automatically from now on.

Thank you for your time and consideration in this matter.

Sincerely,

  
Bruce D. Escher Sr.