

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067165 (9)

1. Corporation Name
BAHAMA POOLS, INC.

Principal Place of Business
2153 N.E. 63RD ST.
FT. LAUDERDALE FL 33308

Mailing Address
6278 N FEDERAL HWY
SUITE 320
FT. LAUDERDALE FL 33308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1993	
21 2164 NE 63 ST.		26		4. FEI Number 65-0441130	Applied For Not Applicable
22 Suite, Apt. #, etc.		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State FT. LAUD., FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33308	25 Country USA	29		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	

9. Name and Address of Current Registered Agent

MAURER, JILL E.
2153 NE 63 STREET
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name	SAMMY KAPLETA
82 Street Address (P.O. Box Number is Not Acceptable)	6278 N. Federal Hwy #320
83	
84 City	FT. LAUD
85 Zip Code	FL 33308

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



(NOTE: Registered Agent signature required when reinstating)

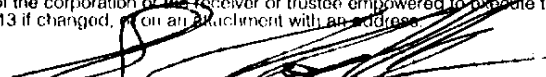
DATE

1-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	MAURER, JILL	1.2 NAME	KAPLETA, SAMMY
STREET ADDRESS	2153 N.E. 63 STREET	1.3 STREET ADDRESS	2164 NE 63 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUD., FL 33308
TITLE	D	2.1 TITLE	D
NAME	MAURER, JILL	2.2 NAME	KAPLETA, SAMMY
STREET ADDRESS	2153 N.E. 63 STREET	2.3 STREET ADDRESS	2164 NE 63 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FT. LAUD., FL 33308
TITLE	V	3.1 TITLE	
NAME	KAPLETA, SAMMY	3.2 NAME	
STREET ADDRESS	2153 N.E. 63 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 prepare 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:



1-2-98

CR2E034 (10/97)