

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUL -1 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000076197 (1)

1. Corporation Name
A SPLASH ABOVE INC.

Principal Place of Business
**1429 SAN CHARLES DRIVE
DUNEDIN FL 34698
US**

Mailing Address
**1429 SAN CHARLES
DUNEDIN FL 34698-4321
US**

3. Date Incorporated or Qualified **10/29/1993** 3a. Date of Last Report **03/08/1996**
4. FEI Number **59-3213727** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**POWELL RICKY
833 DOUGLAS AVE
DUNEDIN FL 34698**

81 Name **ROBERT J. UMHOLTZ**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1429 SAN CHARLES DR.**
84 City **DUNEDIN** FL 85 Zip Code **34698**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert J. Umholtz*

(NOTE: To get new Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	UMHOLTZ, ROBERT J.	
STREET ADDRESS	1429 SAN CHARLES DRIVE	
CITY- ST- ZIP	DUNEDIN FL	
TITLE	VPDP	<input type="checkbox"/> DELETE
NAME	UMHOLTZ, ROBERT J	
STREET ADDRESS	1429 SAN CHARLES DRIVE	
CITY- ST- ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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***165.00 ***165.00

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. If 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.

SIGNATURE *Robert J. Umholtz* **4/13/97**

CR2E034 (9/96)