

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

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000077587			
1. Corporation Name OUTDOOR LIVING, POOLS, SPAS AND WATER FEATURES, INC.			
Principal Place of Business 3777 N. JOHN YOUNG PKWY ORLANDO FL 32804		Mailing Address 3777 N. JOHN YOUNG PKWY ORLANDO FL 32804	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MILLER, GLENN L 3777 N. JOHN YOUNG PKWY ORLANDO FL 32804		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

FILED

99 JUL 12 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1993	
4. FEI Number 59-3209532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	311 FAIRVIEW VISTA POINT	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	ORLANDO FL 32804	21 TITLE	22 NAME
TITLE	NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
STREET ADDRESS		31 TITLE	32 NAME
CITY-ST-ZIP		33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	44 CITY-ST-ZIP
CITY-ST-ZIP		51 TITLE	52 NAME
TITLE	NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
STREET ADDRESS		61 TITLE	62 NAME
CITY-ST-ZIP		63 STREET ADDRESS	64 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

CR2E034 (11/98)

CHECK

2262

OUR REF. NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
P93000077587		1999	\$ 150.00	\$ 150.00	\$00.00	\$ 150.00
P98000009089		1999	\$ 150.00	\$ 150.00	\$00.00	\$ 150.00
COMMENT: PLEASE EXCUSE THE LATENESS AND PLEASE DO NOT CHARGE OUR COMPANY FOR THIS. OUR COMPUTER SYSTEM WENT DOWN AND WITH IT IT TOOK ALL OF THIS YEARS FILES. I WAS RECENTLY JUST HIRED AND HAVE BEEN PLAYING CATCH UP.						
THANK YOU.  CATHERINE L. JONES, OFFICE MANAGER						

1999 PROFIT CORPORATION ANNUAL REPORTS

\$300.00

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