

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084440 (5)

1. Corporation Name

PERFECT POOL INTERIORS, INC.



Principal Place of Business

Mailing Address

4903 SANTA MONICA CT.
CAPE CORAL FL 33904

4903 SANTA MONICA CT.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 3518 SE 18th Pl

26 3518 SE 18th Pl

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Cape Coral FL

28 Cape Coral FL

24 Zip

Country

29 Zip

Country

33904

America

33904

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTON, ALLEN
4903 SANTA MONICA COURT
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MORTON, ALLEN
STREET ADDRESS 4903 SANTA MONICA COURT
CITY - ST - ZIP CAPE CORAL FL 33904

11 TITLE Allen Morton
12 NAME 3518 SE 18th Pl
13 STREET ADDRESS Cape Coral FL
14 CITY - ST - ZIP 33904
Change Addition
New Address

TITLE ST
NAME MORTON, SANDRA
STREET ADDRESS 4903 SANTA MONICA ST.
CITY - ST - ZIP CAPE CORAL FL

21 TITLE Sandy Morton
22 NAME 3518 SE 18th Pl
23 STREET ADDRESS Cape Coral FL
24 CITY - ST - ZIP 33904
Change Addition
New Address

TITLE V
NAME EASH, RICK
STREET ADDRESS 9610 GREEN CPRESS
CITY - ST - ZIP FT. MYERS FL 33905

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)