
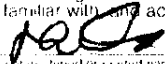



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 .

FILED  
May 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>	
<b>DOCUMENT # P94000001275</b> 1. Corporation Name <b>ALL AMERICAN POOL SURFACES, INC</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 <b>5480 Lyons Rd</b> Suite, Apt. #, etc. 22 <b>#200</b> City & State 23 <b>Coconut Creek, FL</b> Zip 24 <b>33073</b>		2a. Mailing Address 26 <b>5480 Lyons Rd</b> Suite, Apt. #, etc. 27 <b>#200</b> City & State 28 <b>Coconut Creek, FL</b> Zip 29 <b>33073</b>	
3. Date Incorporated or Qualified <b>1-1-94</b>		3a. Date of Last Report <b>3/96</b>	
4. FEI Number <b>59-3214679</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>JASON R. EVANS</b> <b>5480 LYONS ROAD #200</b> <b>COCONUT CREEK, FL 33073</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 		TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE <b>JASON EVANS PRES</b>	
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>JASON R. EVANS</b> STREET ADDRESS <b>5480 LYONS ROAD #200</b> CITY-ST-ZIP <b>COCONUT CREEK, FL 33073</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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 checked="" type="checkbox"/> Addition <b>VP</b> <b>JAMES. M. WHITWORTH</b> <b>801 SW. 2ND ST</b> <b>FT. LAUDERDALE, FL 33060</b> 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>DERICK OLSON</b> <b>SW 56th Bldg 7 #106</b> <b>MARGATE, FL 33068</b> 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	
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.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JASON EVANS</b>	
DATE <b>4/29/97</b>		DAYTIME PHONE # <b>(954) 407-5219</b>	

CR2E034 (9/96)