

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
May 02 1997 8:00am
Secretary of State

DOCUMENT # P94000016208 (8)

1. Corporation Name
MR. POOL LAKE LAND, INC.

Principal Place of Business
8190 US 19 NORTH
PINELLAS PARK FL 34665

Mailing Address
8190 US 19 NORTH
PINELLAS PARK FL 33781-1743



3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3239876	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
STANDIFORD, GLEN W
6828 81ST AVE., NORTH
PINELLAS PARK FL 34665

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	DP	1.1 TITLE	
NAME	STANDIFORD, GLEN W	1.2 NAME	
STREET ADDRESS	6828 81ST AVE., N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	FOSTER, WILLIAM P	2.2 NAME	
STREET ADDRESS	782 64TH AVE., N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	CORAGGIO, FRANCIS J	3.2 NAME	
STREET ADDRESS	8190 US 19 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	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 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 _____ X 11-22-97

CR2E034 (9/96)