

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017637 (7)

1. Corporation Name
SUNLOVER'S POOLS & SPAS, INC.

Principal Place of Business 1201 OAKFIELD DR. STE 103 BRANDON FL 33511	Mailing Address PO BOX 637 BRANDON FL 33509-0637
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3. Date Incorporated or Qualified 03/01/1994		3a. Date of Last Report 05/20/1996	
4. FEI Number 65-0489250		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21				2a. Mailing Address 26				3. Date Incorporated or Qualified 03/01/1994				3a. Date of Last Report 05/20/1996			
Suite, Apt. #, etc. 22				Suite, Apt. #, etc. 27				4. FEI Number 65-0489250				Applied For <input type="checkbox"/> Not Applicable			
City & State 23				City & State 28				5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
Zip 24				Country 25				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
Zip 29				Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent
**TUCKER, RILEY M
1201 OAKFIELD DR.
STE 103
BRANDON FL 33511**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACKAY, BRIAN		1.2 NAME	
STREET ADDRESS 11400 CORAL ROAD		1.3 STREET ADDRESS 9310 OLD GIBSONTON DRIVE	
CITY-ST-ZIP RIVERVIEW FL 33569		1.4 CITY-ST-ZIP GIBSONTON, FL 33534	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TUCKER, RILEY		2.2 NAME	
STREET ADDRESS 3909 BUTTERNUT COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL 33511		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACKAY, JIM		3.2 NAME	
STREET ADDRESS 2510 CULBREATH COVE		3.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL 33594		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CARNOT, ROBERT E		4.2 NAME	
STREET ADDRESS 2344 MERIDIAN CIRCLE SOUTH		4.3 STREET ADDRESS 2730 BENT LEAF DRIVE	
CITY-ST-ZIP OFFICER FL 33564		4.4 CITY-ST-ZIP VALRICO, FL 33594	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 only in attachment with an address.

SIGNATURE: Riley M. Tucker **4/18/97** **813-681-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)