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**

DOCUMENT # P94000017644 (3)

Country

U.C.C. FILING & SEARCH SERVICES INC:

9. Name and Address of Current Registered Agent

25

520 EAST PARK AVENUE

TALLAHASSEE FL 32301

CLEAR POOLS, INC.

2. Principal Place of Business

SUITE 200

Suite, Apt. #, etc.

City & State

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23 Z_{P}

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Principal Place of Business Mailing Address 1768 SE PORT ST. LUCIE BLVD 2288 LUCAYA STREET PORT ST. LUCIE FL 34952-6820 PORT ST. LUCIE FL 34952

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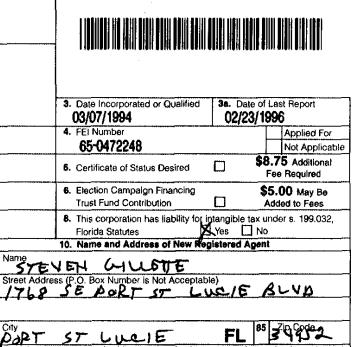
2a. Mailing Address

City & State

 $Z_{(0)}$

Suite, Apt. #, etc.

FILED Feb 06 1997 8:00am Secretary of State



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 farming with, and accept the obligations of, Section 607.0505, Florida Statutes. -28-54 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) PD **DELETE** Change Addition TITLE 1.1 TITLE GILLETTE, HAROLD 1.2 NAME NAME BORT ST LUCIE BLYD. 2288 LUCAYA STREET STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE GILLETTE, HAROLD 2.2 NAME NAME 2288 LUCAYA STREET 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34952 2. 4 CITY-ST-ZIP CrTY - ST - ZIP GILLETTE Change Addition TITLE PD STEVEN 3.1 TITLE NAME 1768 SE PORT ST LUCIE BWA 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS PORT ST LUCIE, FL 34952 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TETLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Country

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PART

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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this seport 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 56H

SIGNATURE:

337-3865