

**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 # P94000046857 (6)

1. Corporation Name

ELLIOT POOL FINISHING & MAINTENANCE COMPANY INC.



Principal Place of Business: 1567 N. DIXIE HWY., # 29 POMPANO BEACH FL 33060
Mailing Address: 1567 N. DIXIE HWY., # 29 POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0066965
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt #, etc.: 22
City & State: 23
Zip: 24
Country: 25
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, WALLACE E
1567 N. DIXIE HWY., # 29
POMPANO BEACH FL 33060

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 date of application

(NOTE: Registered Agent Signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS
 1.1 TITLE: D [] DELETE
 1.2 NAME: HARRIS, WALLACE E
 1.3 STREET ADDRESS: 3240 N.W. 22ND AVE.
 1.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33309
 2.1 TITLE: D [] DELETE
 2.2 NAME: HARRIS, VERONICA
 2.3 STREET ADDRESS: 3240 N.W. 22ND AVE.
 2.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33309
 3.1 TITLE: D [] DELETE
 3.2 NAME: SHAW, HERBERT
 3.3 STREET ADDRESS: 300 N.W. 34TH STREET, BLDG. 95, APT. 213
 3.4 CITY-ST-ZIP: POMPANO FL 33064
 4.1 TITLE: [] DELETE
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: [] DELETE
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: [] DELETE
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: [] Change [] Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:
 2.1 TITLE: [] Change [] Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: [] Change [] Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: [] Change [] Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: [] Change [] Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: [] Change [] 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 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: *Wallace E Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96 954 (781-6896)
Date Date of Filing

CP2E034 (3/96)