

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

FILED

May 01 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 # **P94000070521 (7)**

1. Corporation Name
ARGUS POOL & SPA, INC.

Principal Place of Business 189 BOBWHITE ROAD ROYAL PALM BEACH FL 33411 US	Mailing Address 189 BOBWHITE ROAD ROYAL PALM BEACH FL 33411-1734 US
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2. Principal Place of Business 21 1116 11th Way Suite, Apt. #, etc.		2a. Mailing Address 26 1116 11th Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 04/23/1996
22 City & State 23 West Palm Beach FL		27 City & State 28 West Palm Beach FL		4. FEI Number 65-0533295	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33407		25 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33407		30 Country US		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	

9. Name and Address of Current Registered Agent GUTSHALL, RONALD 189 BOBWHITE ROAD ROYAL PALM BEACH FL 33411		10. Name and Address of New Registered Agent 81 Name Lonnie Mills 82 Street Address (P.O. Box Number is Not Acceptable) 1116 11th Way 83 84 City West Palm Beach FL 85 Zip Code 33407	
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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 *Lonnie Mills* DATE **3/24/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUTSHALL, RONALD L		1.2 NAME Lonnie Mills	
STREET ADDRESS 189 BOBWHITE ROAD		1.3 STREET ADDRESS 1116 11th Way	
CITY - ST - ZIP ROYAL PALM BEACH FL		1.4 CITY - ST - ZIP West Palm Beach FL 33407	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARGUS, NORMAN E		2.2 NAME Tom Calazzo	
STREET ADDRESS 1354 EAST LIBBY DRIVE		2.3 STREET ADDRESS 1116 11th Way	
CITY - ST - ZIP WEST PALM BEACH FL 33408		2.4 CITY - ST - ZIP West Palm Beach FL 33407	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARGUS, ANNIE L		3.2 NAME	
STREET ADDRESS 1354 E. LIBBY DR.		3.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL 33408		3.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTSHALL, TANYA L		4.2 NAME	
STREET ADDRESS 189 BOBWHITE ROAD		4.3 STREET ADDRESS	
CITY - ST - ZIP ROYAL PALM BEACH FL		4.4 CITY - ST - ZIP	
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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97
Date

(561)
689-9589
Daytime Phone #

0306478

CR2E034 (9/96)