

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

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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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3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 04/23/1996
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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.
22 City & State 23 West Palm Beach FL	27 City & State 28 West Palm Beach FL
24 Zip 33407 25 Country US	29 Zip 33407 30 Country US

4. FEI Number 65-0533295	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	

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 85 Zip Code FL 33407

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**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GUTSHALL, RONALD L
STREET ADDRESS	189 BOBWHITE ROAD
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ARGUS, NORMAN E
STREET ADDRESS	1354 EAST LIBBY DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL 33408
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ARGUS, ANNIE L
STREET ADDRESS	1354 E. LIBBY DR.
CITY - ST - ZIP	WEST PALM BEACH FL 33408
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GUTSHALL, TANYA L
STREET ADDRESS	189 BOBWHITE ROAD
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P / S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lonnie Mills
1.3 STREET ADDRESS	1116 11th Way
1.4 CITY - ST - ZIP	West Palm Beach FL 33407
2.1 TITLE	VP / T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tom Calazzo
2.3 STREET ADDRESS	1116 11th Way
2.4 CITY - ST - ZIP	West Palm Beach FL 33407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Lonnie Mills DATE: **3/24/97** (561) 689-9589
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)