FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005143 (9)

1. Corporation Name
MASTERCRAFT POOLS, INC.

Principal Place of Business	Mailing Address
~~C/O 1401 Brickell Avenue~~ ~~Suite 700~~ ~~Miami~~, Florida 33131	~~C/O 1401 Brickell Avenue~~ ~~Suite~~ 700 ~~Miami~~, Florida ~~33131~~

3. Date Incorporated or Qualified: 01/18/1995
3a. Date of Last Report:
4. FEI Number: 65-0369574 ☐ 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	2a. Mailing Address
21 2121 Ponce de Leon Blvd.	26 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 Suite 1035	Suite, Apt. #, etc. 27 Suite 1035
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33134 / 25 U.S.	Zip / Country 29 33134 / 30 U.S.

9. Name and Address of Current Registered Agent

~~KIG&S REGISTERED AGENT CORPORATION~~
~~1401 Brickell Avenue~~
~~Suite 700~~
~~Miami, FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Gregg S. Truxton, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
83 Suite 1035
84 City: Coral Gables FL 85 Zip Code: 33134

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: Gregg S Truxton 4/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Buigas, O.J.	1.2 NAME	
STREET ADDRESS	9311 College Parkway, Suite 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	1.4 CITY-ST-ZIP	
TITLE	V/S/T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Waite, Robert	2.2 NAME	
STREET ADDRESS	9311 College Parkway, Suite 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	2.4 CITY-ST-ZIP	
TITLE	E/V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Baum, Howard	3.2 NAME	
STREET ADDRESS	9311 College Parkeay, Suite 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Schwantes, Joseph, C.	4.2 NAME	
STREET ADDRESS	9311 College Parkway, Suite 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Miller, Robert	5.2 NAME	
STREET ADDRESS	9311 College Parkway, Suite 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	North, R.J.	6.2 NAME	
STREET ADDRESS	9311 College Parkway, Suite 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Florida 33919	6.4 CITY-ST-ZIP	

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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)(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 on an attachment with an address.

SIGNATURE: 4-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-1-96