

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

FILED

May 02 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 # **P95000005143 (9)**

1. Corporation Name
MASTERCRAFT POOLS, INC.

Principal Place of Business 2121 PONCE DE LEON BLVD. STE 1035 CORAL GABLES FL 33134	Mailing Address 2121 PONCE DE LEON BLVD. STE 1035 CORAL GABLES FL 33134-5218
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2. Principal Place of Business 21 9311 College Parkway Suite, Apt. #, etc. 22 Suite 1 City & State 23 Fort Myers, Florida Zip 24 33919 Country 25 USA		2a. Mailing Address 26 9311 College Parkway Suite, Apt. #, etc. 27 Suite 1 City & State 28 Fort Myers, Florida Zip 29 33919 Country 30 USA		3. Date Incorporated or Qualified 01/18/1995	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0569574		Applied For 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KTO&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVENUE SUITE 700 MIAMI FL 33134			10. Name and Address of New Registered Agent 81 Name Truxton, Gregg S. 82 Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce De Leon Blvd. 83 Suite 600 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* (NOTE: Registered Agent signature required when reinstalling) DATE **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUGAS, OJ	1.2 NAME	
STREET ADDRESS	9311 COLLEGE PKWY STE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITE, ROBERT	2.2 NAME	
STREET ADDRESS	9311 COLLEGE PKWY STE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	EV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, HOWARD	3.2 NAME	
STREET ADDRESS	9311 COLLEGE PKWY STE 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWANTES, JOSEPH C	4.2 NAME	Pearson, Michelle
STREET ADDRESS	9311 COLLEGE PKWY STE 1	4.3 STREET ADDRESS	9311 College Parkway, Suite 1
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	5.2 NAME	
STREET ADDRESS	9311 COLLEGE PKWY STE 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, R.J.	6.2 NAME	
STREET ADDRESS	9311 COLLEGE PKWY STE 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	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 if changed, or on an attachment with an address.

SIGNATURE: *Robert Waite* DATE: **4-24-97** (941) 433-2323

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S76334** (9)

1. Corporation Name
MASTERCRAFT HOMES, INC.



Principal Place of Business

**2121 PONCE DE LEON BLVD.
STE-1005
CORAL GABLES FL 33104**

Mailing Address

**2121 PONCE DE LEON BLVD.
STE-1005
CORAL GABLES FL 33104-5210**

3. Date Incorporated or Qualified
08/27/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 9311 College Parkway

2a. Mailing Address

26 9311 College Parkway

Suite, Apt. #, etc.

22 Suite 1

Suite, Apt. #, etc.

27 Suite 1

City & State

23 Ft. Myers, Florida

City & State

28 Ft. Myers, Florida

Zip

24 33919

Country

25 USA

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

**TRUXTON, GREGG S ESQ
2121 PONCE DE LEON BLVD.
STE-1005
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 600

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CPD
BUGAS, O.J.
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VST
WAITE, ROBERT
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**EVT
BAUM, HOWARD
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
SCHWANTES, JOSEPH
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
INGE, SHARON
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
MILLER, ROBERT
9311 COLLEGE PKWY. STE 1
FT MYERS FL 33919**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Waite
4/24/96 41) 433-2323

Date

Daytime Phone #

CR2E034 (9/96)