


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

FILED
May 13 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # P95000010440 (2) | | | |
| 1. Corporation Name CHALLENGER PATIO AND POOL SUPPLY, INC. | | | |
| Principal Place of Business 6846 N. DALE MABRY TAMPA FL 33614 US | | Mailing Address 6846 N. DALE MABRY TAMPA FL 33614-3829 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip Country | | 28 Zip Country | |
| 24 | | 29 | |
| 25 | | 30 | |
| 9. Name and Address of Current Registered Agent COLBY, ALFRED A 100 NO. TAMPA STREET STE. 1900 TAMPA FL 33602 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name Philip R. Lazzara | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 307 South Boulevard | |
| | | 83 Suite D | |
| | | 84 City Tampa | |
| | | 85 Zip Code FL 33606 | |
| 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 Philip R. Lazzara | | PHILIP R. LAZZARA 4/29/97 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D NAME WESTON, GARY STREET ADDRESS 5509 PENNOCK POINT ROAD CITY-ST-ZIP JUPITER FL 33458 | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE D NAME ESQUINALDO, BRUCE STREET ADDRESS 4903 HALLSTEAD WAY CITY-ST-ZIP TAMPA FL 33647 | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 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 included 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 REQUIRED _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone | |



CR2E034 (9/96)