

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

FILED  
May 12 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 # P95000012675 (1)

1. Corporation Name  
THE POOL SHACK, INC.

Principal Place of Business  
959 GLENVIEW CIRCLE  
WINTER GARDEN FL 34787

Mailing Address  
P.O. BOX 770142  
WINTER GARDENS FL 34777-0142  
US



2. Principal Place of Business 21 118 McKey St. Suite, Apt. #, etc. 22 City & State 23 OCOEE, FL 24 Zip 34761 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 WINTER GARDEN 29 Zip 30 Country		3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3297754	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROLAND, CINDY L 959 GLENVIEW CIRCLE WINTER GARDEN FL 34787			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, WILLIAM G	1.2 NAME	
STREET ADDRESS	959 GLENVIEW CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	
TITLE	DVST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, CINDY L	2.2 NAME	
STREET ADDRESS	959 GLENVIEW CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 if changed, or on an attachment with an address.

SIGNATURE: *Cindy L. Roland* CINDY L. ROLAND 4/28/97 1407 654-4922

CR2E034 (9/96)