

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

FILED

Apr 15 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 # P95000033344 (9)

1. Corporation Name

REGIONAL POOL SYSTEMS, INC.

Principal Place of Business

500 S.E. 13TH DRIVE  
DEERFIELD BEACH FL 33441

Mailing Address

500 S.E. 13TH DRIVE  
DEERFIELD BEACH FL 33441-6932



3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0595467	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 type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LACZEWSKI, J. MARK  
215F FOXTAIL DR  
W PALM BCH FL 33487

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	D	<input type="checkbox"/> DELETE
NAME	GALINSKI, BARBARA	
STREET ADDRESS	500 S.E. 13TH DRIVE	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GALINSKI, TADEUSZ	
STREET ADDRESS	500 S.E. 13TH DRIVE	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALINSKI, BARBARA	
STREET ADDRESS	500 SE 13TH DR	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLINSKI, BARBARA	
STREET ADDRESS	500 SE 13TH DR	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALINSKI, TADEUSZ	
STREET ADDRESS	500 SE 13TH DR	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE:

Tadeusz Galinski TADEUSZ GALINSKI 4-9-97 954-427-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)