

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044424 (6)

1. Corporation Name

PRECISION POOL PLASTERING, INC.

Principal Place of Business

Mailing Address

1057 SOPHIE BLVD
ORLANDO FL 32828

1057 SOPHIE BLVD
ORLANDO FL 32828



2. Principal Place of Business

2a. Mailing Address

21 2871 S. Conway
Suite, Apt. #, etc.

26 2871 S. Conway

22 #132

Suite, Apt. #, etc.

23 City & State

27 #132

24 Zip 32812

28 Orlando FL

25 Country USA

29 Zip 32812

30 County USA

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEI Number

59-3317896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name

OSSINSKY, MARC P
250 N WYMORE RD
WINTER PARK FL 32789

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENA, HENRY E 1057 SOPHIE BLVD ORLANDO FL 32828	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	2871 S. Conway #132 Orlando FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607.03(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry E. Tenay, Pres.

8/6/96 (407)
6/18/96 375-3131
Dissolved FL 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)