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Jan 27 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 # P95000074592 (3)

1. Corporation Name
SWIMMING POOL CONCRETE SERVICE, INC.



Principal Place of Business
5769 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address
10258 RIVERSIDE DRIVE
1
PALM BEACH GARDENS FL 33410-4876
US

3. Date Incorporated or Qualified 09/27/1995
3a. Date of Last Report 06/20/1996

2. Principal Place of Business 21 3896 Burns Rd. St. 6 Suite, Apt. #, etc.	2a. Mailing Address 26 3896 Burns Rd. St. 6 Suite, Apt. #, etc.	4. FEI Number 65-0623795	Applied For Not Applicable
22 Palm Beach Gardens, City & State	27 Palm Beach Gardens City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Florida Zip	28 Florida Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33410 Country	25 Palm Beach Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROCK	1.2 NAME	
STREET ADDRESS	5765 GOLDEN EAGLE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRADFORD J	2.2 NAME	
STREET ADDRESS	6169 LUCERNE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, KENNY DALE	3.2 NAME	
STREET ADDRESS	5308 HOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUAY, RICHARD	4.2 NAME	
STREET ADDRESS	8800 SUSSET DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Rock Miller* 1/16/97
561-625-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)