

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

FILED

Mar 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
--	---	--

DOCUMENT # P96000098530 (4)

1. Corporation Name
CUSTOM POOLS OF VERO BEACH, INC.



Principal Place of Business 250 53RD CIRCLE VERO BEACH FL 32968	Mailing Address 250 53RD CIRCLE VERO BEACH FL 32968-2238
---	--

3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report N/A
4. FEI Number 65-0714383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 665 4th St Suite, Apt #, etc. 22 VERO BEACH, FL City & State 23 32962 INDIAN RIVER Zip Country	2a. Mailing Address 26 665 4th St Suite, Apt #, etc. 27 VERO BEACH, FL City & State 28 32962 INDIAN RIVER Zip Country
---	--

9. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333 17TH STREET SUITE U VERO BEACH FL 32980		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT (V/S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROSSMAN, RUSSELL J		1.2 NAME KEITH W. ELAM	
STREET ADDRESS 250 53RD CIRCLE		1.3 STREET ADDRESS 2415 54TH AVE	
CITY-ST-ZIP VERO BEACH FL 32968		1.4 CITY-ST-ZIP VERO BEACH, FL 32966	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE PRESIDENT (P/T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Crossman, Russell J	
STREET ADDRESS		2.3 STREET ADDRESS 250 53RD CIRCLE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 <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 in an attachment with an address.

SIGNATURE: *Russell J Crossman* **Russell J Crossman** 3/6/97 561-567-1944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone # 0001333

CR2E034 (9/96)