

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P 97000092366

1. Corporation Name

AQUA CLEAR POOL & SPA INC.

Principal Place of Business

3316 B SOUTH DALE MABRY HIGHWAY
TAMPA FL 33629

Mailing Address

POST OFFICE BOX 7339
TAMPA FL 33673

FILED

98 AUG 10 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

10/27/98

59-3475291

5. Certificate of Status Desired

6. Election Campaign Financing

7. Trust Fund Contribution

8. This corporation owes or has paid the current year business
Personal Property Tax due June 30.

\$8.75 Additional
Fee Required

\$5.00 May be
Added to Fees

9. Name and Address of Current Registered Agent

Randee Steinacker
3316 S. Dale Mabry Hwy
Tampa, Florida 33629

10. Name and Address of New Registered Agent

81 Name Margaret A. Savorelli

82 Street Address (P.O. Box Number is Not Acceptable)
3316 S. Dale Mabry Hwy.

83

84 City Tampa

FL 85 33629

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 Margaret A. Savorelli

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SALVORELLI, DINO
STREET ADDRESS 3316 B SOUTH DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33629

TITLE
NAME Randee Steinacker
STREET ADDRESS 3316 S. Dale Mabry Hwy
CITY-ST-ZIP Tampa, Florida 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

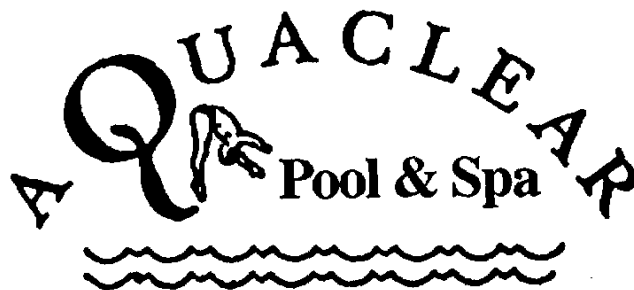
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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:

Dino Salvorelli

B 9812 8/12



Florida Department Of State
Attn: Annual Report Section

July 14,

Re: Aqua Clear Pool & Spa, Inc.
Doc. # P97000092366

To Whom It May Concern,

Please find enclosed along with this letter a check #2002 in the amount of \$150.00, and a copy of my application with original signatures. I never received any notice or my original application back from your office. Only by contacting your office for another matter was I notified of this situation. I would appreciate your offices help in this matter.

Sincerely,

Margaret A. Savorelli

(813) 831-5770