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

001197

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106025

1. Corporation Name

ELLIOTT POOL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
17730 NORTHWEST 20TH AVE. NEWBERRY FL 32669	17730 NORTHWEST 20TH AVE. NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

4. FEI Number
- 59-2873624 — 59-355318 | Applied For | Not Applicable

5. Certificate of Status Desired [ ]   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]   **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible / Personal Property Tax   [ ] Yes   [ ] No

9. Name and Address of Current Registered Agent

ELLIOTT, MICHAEL D
17730 NORTHWEST 20TH AVE.
NEWBERRY FL 32669

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 _____

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change	[ ] Addition
NAME	ELLIOTT, MICHAEL D		12 NAME		
STREET ADDRESS	17730 NORTHWEST 20TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL 32669		14 CITY-ST-ZIP		
TITLE		[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered

SIGNATURE: _____   2-12-99   1-352-472-4600