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LAW OFFICES OF

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April 22, 1999

FAX (407)

99 APR 26 PM 4: 39

Dept. Of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Final Touch Pool Finishers, Inc.

000002852060--9 -04/26/99--01129--022 *****35.00 ******35.00

Dear Sir or Madam:

Enclosed herewith please find the Statement of Change of Registered Office and Registered Agent for filing in regard to the above referenced corporation. Also enclosed please find Final Touch Pool Finishers, Inc.'s check in the sum of \$35.00 which represents your filing fee.

Thank you for your courtesy in this regard. If you should have any questions, please do not hesitate to contact the undersigned.

RIA (forg

AWM:jm

Enclosures

cc: CSC

Charter No.	199-24458
Date Filed _	3-16-99

STATEMENT OF CHANGE OF REGISTERED OFFICE

AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1.	The name of the corporation is: Final Touch Pool Finishers, Inc.		
		F 9 8	
2.	The name and address of its present registered agent is: CORPORATION Service Company 1201 Hays Street Tallahassee, Florida 32301	R 26 PM 4:	
3.	The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)	ORIDA	
	2325 Newfound Harbor Drive, Merritt Island, Florida 32952		
	Jones T. Slattery		
	The street address of its registered office and the street address of the business office agent, as changed, are identical. Such change was authorized by resolution duly adopted by its board of directors or be corporation so authorized by the board of directors. Mes T. Slattery President Signature (President or Vice President) Date 4/16/99		f the
STATE APPOI COMP OF MY AGEN	IG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS ED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLET OUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION TUNDER SECTION 607.0505, FLORIDA STATUTES.	BY ACCEPT ITHER AGREE E PERFORMA	THE TO NCE
Signat	Print/Type Name_James T. Slattery ure		-
Date_	(Agent) 4/16/99		