

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S08227 (8)

1. Corporation Name

AQUA ION POOL CARE, INC.



Principal Place of Business

Mailing Address

2362 EASTMEADOWS COURT
LAKELAND FL 33813

2362 EASTMEADOWS COURT
LAKELAND FL 33813

3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 2038 S. COMBER RD. 26 2038 S. COMBER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 27 City & State

23 LAKELAND FL.

28 LAKELAND FL.

24 33801

25 POLK

29 33801

30 POLK

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 has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOVACS, LESLIE K.
2362 EASTMEADOWS COURT
LAKELAND FL 33813

81 Name

KOVACS, LESLIE K.

82 Street Address (P.O. Box Number is Not Acceptable)

2038 S COMBER RD.

83

84 City

LAKELAND

FL

85 Zip Code

33801

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

Signature type for printed name of registered agent and then applicable

(If 017 Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KOVACS, LESLIE K.
STREET ADDRESS 2362 EASTMEADOWS CT.
CITY-ST-ZIP LAKELAND FL 33813

TITLE VP
NAME SCHEIDLER, EARL
STREET ADDRESS 5914 LIBERTY FAIRFIELD RD.
CITY-ST-ZIP HAMILTON OH 45241

TITLE T
NAME KOVACS, JANIE
STREET ADDRESS 2362 EASTMEADOWS CT.
CITY-ST-ZIP LAKELAND FL 33813

TITLE S
NAME SCHEIDLER, GLADYS
STREET ADDRESS 5914 LIBERTY FAIRFIELD RD.
CITY-ST-ZIP HAMILTON OH 45241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE K. KOVACS

7/1/96

941-
665-2700

CR2E034 (3/96)