

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

Profit Corporation Annual Report

DOCUMENT # S16044
 1. Corporation Name Sidwell Pool Service, Inc.

Principal Place of Business: 5970 S.W. 18TH ST, Boca Raton FL 33433
 Mailing Address: 5970 S.W. 18TH ST, SUITE 107, Boca Raton FL, 33433

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12-4-90		Applied For / Not Applicable	
22 City & State		27 City & State		4. FEI Number		5. Certificate of Status Desired	
23 Zip		28 Zip		65-0231544		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30 Country		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Randall W. Sidwell 23141 Boca Club Colony Cir Boca Raton FL 33433				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: P				11 TITLE			
NAME: Randall W. Sidwell				12 NAME			
STREET ADDRESS: 23141 Boca Club Colony Cir				13 STREET ADDRESS			
CITY-ST-ZIP: Boca Raton, FL 33433				14 CITY-ST-ZIP			
TITLE: SA				21 TITLE			
NAME: Debra A. Sidwell				22 NAME			
STREET ADDRESS: 23141 Boca Club Colony Cir				23 STREET ADDRESS			
CITY-ST-ZIP: Boca Raton, FL 33433				24 CITY-ST-ZIP			
TITLE: [] DELETE				31 TITLE			
NAME: [] DELETE				32 NAME			
STREET ADDRESS: [] DELETE				33 STREET ADDRESS			
CITY-ST-ZIP: [] DELETE				34 CITY-ST-ZIP			
TITLE: [] DELETE				41 TITLE			
NAME: [] DELETE				42 NAME			
STREET ADDRESS: [] DELETE				43 STREET ADDRESS			
CITY-ST-ZIP: [] DELETE				44 CITY-ST-ZIP			
TITLE: [] DELETE				51 TITLE			
NAME: [] DELETE				52 NAME			
STREET ADDRESS: [] DELETE				53 STREET ADDRESS			
CITY-ST-ZIP: [] DELETE				54 CITY-ST-ZIP			
TITLE: [] DELETE				61 TITLE			
NAME: [] DELETE				62 NAME			
STREET ADDRESS: [] DELETE				63 STREET ADDRESS			
CITY-ST-ZIP: [] DELETE				64 CITY-ST-ZIP			
				200001917172			
				-08/08/96--01106--008			
				***225.00			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall W. Sidwell RANDALL W. SIDWELL 8-5-96 361-750-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)