

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S50634** (2)

1. Corporation Name
GOOD FRIENDS POOL SERVICE, INC.

Principal Place of Business 2100 BOCA RIO A-23 BOCA RATON FL 33433-1505	Mailing Address 2100 BOCA RIO A-23 BOCA RATON FL 33433-1505
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/08/1991	3a. Date of Last Report 03/17/1994
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4. FEI Number 65-0267140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suits, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**MCCLEARY, DAN
21000 BOCA RIO RD
A-23
BOCA RATON FL 33433**

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 _____ (NOTE: Registered Agent signature required when consisting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MCCLEARY, DANIEL
STREET ADDRESS 4649 N ANDREWS AVE	CITY - ST - ZIP FT LAUDERDALE FL
TITLE V	NAME MCCLEARY, CHRISTINE
STREET ADDRESS 4649 N. ANDREWS AVE.	CITY - ST - ZIP FT. LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SAME	
1.3 STREET ADDRESS 1 West Arch DR	
1.4 CITY - ST - ZIP LAKE WORTH FL 33407	
2.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SAME	
2.3 STREET ADDRESS 1 West Arch DR	
2.4 CITY - ST - ZIP LAKE WORTH FL 33407	
3.1 TITLE SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Christine McCleary	
3.3 STREET ADDRESS 1 West Arch DR	
3.4 CITY - ST - ZIP LAKE WORTH FL 33407	

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 110.07(3)(b), 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.

SIGNATURE: Christine C McCleary 6-30-95 407-451-0206
DATE: _____