

APPOINTMENT ON OR BEFORE 8/7/96 \$25 (if DISQUALIFIED, MAXIMUM ANNUAL FEE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



AMENDED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 DEC -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V 28330
1. Corporation Name

AMERICAN POOL AND SOLAR SERVICE, INC.

Principal Place of Business: 121 NORTH TAMiami TRAIL, NOKOMIS, FL 34275
Mailing Address: 121 NORTH TAMiami TRAIL, NOKOMIS, FL 34275

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

3. Date Incorporated or Qualified: 4/14/92
3a. Date of Last Report: 5/31/96
4. FEI Number: 65-0366471
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 [X] No []

9. Name and Address of Current Registered Agent
PAUL NORMANDIN
121 N. TAMiami TRAIL
NOKOMIS, FL 34275

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH A. MENDOLERA	
STREET ADDRESS	6623 GLADES WAY	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VICE-PRESIDENT/SECRETARY	<input type="checkbox"/> DELETE
NAME	CLAUDE HUDON	
STREET ADDRESS	2746 PROCTOR RD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE P. NORMANDIN	
1.3 STREET ADDRESS	2741 PROCTOR RD	
1.4 CITY-ST-ZIP	SARASOTA, FL	
2.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAUDE HUDON	
2.3 STREET ADDRESS	2746 PROCTOR RD	
2.4 CITY-ST-ZIP	SARASOTA, FL	
3.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH A. MENDOLERA	
3.3 STREET ADDRESS	6623 GLADES WAY	
3.4 CITY-ST-ZIP	SARASOTA, FL 34231	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [Signature] JOSEPH A MENDOLERA 11-8-96 941-484-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)