FILE NOW: FILING FEE AFTER MAY 1 IS \$550:00

SIGNATURE

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG -8 M 10: 53 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # OLYMPIC POOL PLASTER CORP Principal Place of Business
5200 N FEDERAL HWY Mailing Address 5200 N FEDERAL HWY SUITE 1067 SUITE 1067 FT. LAUDERDALE, FL FT. LAUDERDALE, FL 3. Date Incorporated or Qualified 3a. Date of Last Report 3330°S 33308 03-09-1992 AUGUST 19940. 2. Principal Piace of Business 2a. Mailing Address Applied For 65-03164 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HELEN PIGAKIS Street Address (P.O. Box Number is Not Acceptable) 3488 NE 19 83 33306 DAKLAND PK. 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 FTITLE ☐ Change ☐ Addition TITLE 900002265929--7 ZAHARIAS PIGAKIS NAME 1.2 NAME STREET ADDRESS 3488 NE 19 AV -08/13/97--01079---008 13 STREET ADDRESS ****165.00 ****165.00 DAKLAND OK. FL CITY-ST-ZIP 14 C/1Y - S1 - ZIP 21 TITLE Change Addition TITLE NAME HELEN PIGAKIS 22 NAME STREET ADDRESS BUSS NE 19 AV 23 STREET ADDRESS DAKLAND PK CITY-ST-ZIP 2 4 CITY - S1 - ZIP Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS 3.4 C(TY-ST-ZIP CITY - ST - ZIP DELETE 41 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP DELETE TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 8-5-97 MIGAKIS