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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V47972 (7)

1. Corporation Name
PERFECT POOLS OF OKEECHOBEE, INC.



Principal Place of Business Mailing Address
2020 S PARROTT AVE 319 S.W. Park St
OKEECHOBEE FL 34974 34972 OKEECHOBEE FL 34974-6183 34972

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 319 SW Park St.		26 319 SW Park St.		06/29/1992		03/15/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 OKEECHOBEE, FL		28 OKEECHOBEE, FL		65-0348176		Not Applicable	
24 34972		29 34972		5. Certificate of Status Desired		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
25 OKEECHOBEE		30 OKEECHOBEE		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
26 OKEECHOBEE		31 OKEECHOBEE		Yes		No	

9. Name and Address of Current Registered Agent
SKINNER, GARY F.
2020 S PARROTT AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name Skinner, Gary F
82 Street Address (P.O. Box Number is Not Acceptable)
83 319 SW Park Street
84 City OKEECHOBEE FL 85 Zip Code 34972

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 the personal name of registered agent and type of agent (table)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	SKINNER, GARY F.	1.2 NAME	
STREET ADDRESS	3838 SW 16TH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	1.4 CITY- ST- ZIP	Change Addition
TITLE	D	2.1 TITLE	Change Addition
NAME	SKINNER, MAXINE	2.2 NAME	
STREET ADDRESS	3838 SW 16TH AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	2.4 CITY- ST- ZIP	Change Addition
TITLE	D	3.1 TITLE	Change Addition
NAME	SKINNER, MICHAEL ALLEN	3.2 NAME	SKINNER, Michael Allen
STREET ADDRESS	3838 SW 16TH AVE	3.3 STREET ADDRESS	3353 SW 18th St
CITY- ST- ZIP	OKEECHOBEE FL	3.4 CITY- ST- ZIP	OKEECHOBEE, FL 34974
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary F. Skinner 3/14/97 - 941-763-8952

Date

Telephone #

CR2E034 (9/96)