

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V68464** (9)

1. Corporation Name  
**WAVE POOL AND SPA SUPPLY STORE, INC.**



Principal Place of Business <b>376 26TH AVE. S.E. ST. PETERSBURG FL 33706</b>	Mailing Address <b>376 26TH AVE. S.E. ST. PETERSBURG FL 33706-8914</b>
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2. Principal Place of Business 21 <b>5500-4TH ST N</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5500-4TH ST N</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/28/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
22 City & State 23 <b>ST PETERSBURG FL</b>		27 City & State 28 <b>ST PETERSBURG FL</b>		4. FEI Number <b>59-3141459</b>	Applied For Not Applicable
24 Zip <b>33703</b>	25 Country <b>PINELHAS</b>	29 Zip <b>33703</b>	30 Country <b>PINELHAS</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>ST PETERSBURG FL</b>		28 <b>ST PETERSBURG FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33703</b>		29 <b>33703</b>		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 <b>GRAYL, DALE 376 26TH AVE. S.E. ST. PETERSBURG FL 33705</b>		10. Name and Address of New Registered Agent 81 Name <b>MARY GRAYL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>PO BOX 1100 5500-4TH ST N,</b> 83 <b>ST PETERSBURG FL 33731</b> 84 City <b>ST PETERSBURG</b> FL 85 Zip <b>33703</b>	
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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: *Mary Grayl* (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: *4/14/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST GRAYL, DALE 376 26TH AVE. S.E. ST. PETERSBURG FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>5500-4TH ST, NORTH ST PETERSBURG, FL 33703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GRAYL, MARY 376 26TH AVE. S.E. ST. PETERSBURG FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>5500-4TH ST, NORTH ST. PETERSBURG FL 33703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Mary Grayl* (Signature and typed or printed name of signing officer or director) DATE: *4/14/97* Daytime Phone: *888-1000*

CR2E034 (9/96)