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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # V68464 (9) WAVE POOL AND SPA SUPPLY STORE, INC. Principal Place of Business South 15 th NORTH ST. PETERSURG FL 33703 US 2. Principal Place of Gue-noss 3. Dies ecorporation of Qualified 09/28/1992 2. Principal Place of Gue-noss 3. Dies ecorporation of Qualified 09/28/1992 2. Principal Place of Gue-noss 3. Dies ecorporation of Qualified 09/28/1992 2. Principal Place of Gue-noss 3. Dies ecorporation of Qualified 09/28/1992 2. Principal Place of Gue-noss 3. Dies ecorporation of Qualified 09/28/1992 3. General Place of Status Desired Registered Fee Required 1. Registered Gue-noss 2. Principal Place of Status Desired Registered 1. Registered 2. Principal Place of Status Desired Registered 2. Principal Place of Status Desired Registered 2. Principal Place of Status Desired Registered 3. Registered 3. State 3. Country Registered 3. Registered 3. Registered 4. File Number 4. File Number 4. File Number 5. State 3. Country Registered 4. File Number 4. File Number 4. File Number 5. State 3. Country Registered 4. File Number 4. File Number 5. State 4. File Number 5. State 5. Country Registered 5. Security Country 5. Registered 5. Security Country 5. Registered 6. Security Country 6. Registered 6. Regis	ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATION	Secretary of State
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ST. PETERSBURG FL 33703 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1506, 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 surhorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes. SIGNATURE SIGNATURE Signature, hydred in provisions and registered agent of registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. SIGNATURE SIGNATURE Signature, hydred in provisions agent and tile if apprictable (thoit Registered Agent separator required when remaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DST STRET ADDRESS STRET ADDRESS STORET ADD	Grott, mant	
Registered State Registered Agent to the provisions of Sections 607 0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organi. I am familier with, and accept the obligations of, Section 607 0.5005, Florida Statutes. Signature Registered Agent, or both, in the Statute of Florida Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statute obligations of, Section 607 0.5005, Florida Statutes. Signature Registered Agent signature required when renstating)	5500 4TH ST NORTH	Street Address (P.O. Box Number is Not Acceptable)
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The 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 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, Soction 607.6508, Florida Statutes. SIGNATURE Signature, hipself or prefiled name of registeres agent and ticl if applicable (NOTE: Registered Agent signature required when remaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DST GRAYL, DALE 12. NAME STREET ADDRESS 5500 4TH ST NORTH 13. SIREET ADDRESS 5500 4TH ST NORTH 13. SIREET ADDRESS 5500 4TH ST NORTH 22. NAME STREET ADDRESS 5500 4TH ST NORTH 23. SIREET ADDRESS 5500 4TH ST NORTH 23. SIREET ADDRESS 5500 4TH ST NORTH 23. SIREET ADDRESS 5500 4TH ST NORTH 24. CITY-ST-ZIP TITLE DP GRAYL, MARY 24. CITY-ST-ZIP TITLE DELETE 31. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition NAME 42. NAME 42. NAME 43. SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 41. TITLE DELETE 41. TITLE Change Addition Change Addition Addition Addition Addition Addition NAME Addition AMME Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition AMME		
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6.4 CITY - ST - ZIP 14. I 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 roceivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 thanged, or open attachment with an address.

FILED

Jan 22 1998 8:00am