

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 21 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K52367 (5)
1. Corporation Name
KRYSTAL KLEAR POOLS & SPAS, INC.

Principal Place of Business Mailing Address
% STEPHEN BROWN **% STEPHEN BROWN**
2150 N.E. 27TH CT. **2150 N.E. 27TH CT.**
LIGHTHOUSE PT. FL 33064 **LIGHTHOUSE PT. FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1988** 3a. Date of Last Report **08/02/1994**
4. FEI Number **65-0089331** Applied For Not Applicable
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. 198.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
BROWN, STEPHEN
2150 N.E. 27TH CT.
LIGHTHOUSE PT. FL 33064

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature: Agent or principal officer of registered agent and filer of application. *NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | BROWN, STEPHEN |
| STREET ADDRESS | 2150 N.E. 27TH CT. |
| CITY ST ZIP | LIGHTHOUSE PT. FL |
| TITLE | D |
| NAME | BROWN, CHERYL |
| STREET ADDRESS | 2150 N.E. 27TH CT. |
| CITY ST ZIP | LIGHTHOUSE PT. FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY ST ZIP | |

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 110.07(3)(b), 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 registered 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: Stephen Brown **6-7-95 305-942-3158**
DATE: _____

CR2E034 (3/95)