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95 APR 25 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 260158 (1)

1. Corporation Name
KE'S CARTER POOL & MAINTENANCE CO. #309

Principal Place of Business: **1280 N.E. COMMERCIAL BLVD. FT LAUDERDALE FL 33334**
Mailing Address: **1280 N.E. COMMERCIAL BLVD. FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/20/1962**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-0971854**
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**
6. This corporation has liability for intangible tax under G. 100.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
EIKEVIK, BJARNE
1290 NE COMMERCIAL BLVD
OAKLAND PARK FL 33306

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EIKEVIK, BJARNE
STREET ADDRESS	1290 NE COMMERCIAL BLVD.
CITY - ST - ZIP	FT LAUDERDALE, FL 0
TITLE	T
NAME	CARLETON, JOYCE
STREET ADDRESS	328 SUNSHINE DR
CITY - ST - ZIP	COCONUT CREEK, FL 0
TITLE	D
NAME	EIKEVIK, RUTH
STREET ADDRESS	1290 NE COMMERCIAL BLVD.
CITY - ST - ZIP	FT LAUDERDALE, FL 0
TITLE	V
NAME	GILBERTI, JOSEPH S.
STREET ADDRESS	9480 N.W. 33RD MANOR
CITY - ST - ZIP	SUNRISE FL
TITLE	Y
NAME	YURICK, ROBERT P.
STREET ADDRESS	30 NE 57 ST
CITY - ST - ZIP	FT LAUDERDALE FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1290 E. COMMERCIAL BLVD.
2.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33334
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	29 VIA LAGO
4.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 my address.

SIGNATURE: _____ **BJARNE EIKEVIK** 4-20-95 305-771-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)