

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **484682** (0)  
1. Corporation Name  
**MERMAID POOLS, INC.**



Principal Place of Business Mailing Address  
**10506 SPRING HILL DR  
SUITE A  
SPRING HILL FL 34608  
US**

3. Date Incorporated or Qualified <b>09/18/1975</b>	3a. Date of Last Report <b>07/14/1995</b>
4. FEI Number <b>59-1395825</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

~~JEAN ANN LAVAY~~  
**6047 APPELATE DRIVE  
SPRING HILL, FLORIDA  
SPRING HILL FL 34606**

**10. Name and Address of New Registered Agent**

81 Name <b>ROBERT LAVAY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6047 APPELATE DRIVE</b>
83
84 City <b>SPRING HILL</b>
85 Zip Code <b>FL 34606</b>

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 and typed or printed name of registered agent, if not applicable) DATE \_\_\_\_\_ (Date Registered Agent Signature Reported to State)

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAVAY LIONAL G</b>	
STREET ADDRESS	<b>6123 AVE. OF THE PALMS</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 33526</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAVAY ROBERT</b>	
STREET ADDRESS	<b>6047 APPELATE DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAVAY, JEAN ANN</b>	
STREET ADDRESS	<b>6047 APPELATE DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>ROBERT LAVEY</b>	
13 STREET ADDRESS	<b>2505 S E CARROLL ST</b>	
14 CITY-ST-ZIP	<b>STUART, FL 34997</b>	
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 119.07(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 an address.

SIGNATURE: *Robert Lavey* ROBERT LAVAY PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 350-683-0195  
DATE SYSTEM PHONE #

CR2E034 (12/95)