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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Buelle Fareura SIGNATURE SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 59822

1. Corporation Name

(5)

ENNEVOR POOL CORPORATION

	CONFORMION			_					
Principal Place of Business		Mailing Address				i jääini niiin jeiki ukiin iinia iis	. 	.	
21301 POWERLINE RD SUITE 206		3904 LAWSON BLV DELRAY BEACH FL							
BOCA RATON FL 39433		U\$			3.	Date Incorporated or Qualified 12/14/1978		3a. Date of Last Report 03/23/1995	
2. Principal Place of Busines	SS	2a. Mailing Address			4.	FEI Number			Applied For
		26				59-1872516		60.7	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc). 			Certificate of Status Desired		Fee	5 Additional Required
City & State		City & State			6	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Co	ountry	B	This corporation has liability for	or intangible tax	under s	199.032,
, ·	25	29	30			7 7011001 01010101	es 🗌 No		
lL		ent Registered Agent				. Name and Address of New	Registered A	gent	
				81 Name	9				
ENNEVOR, DANIEL	A			82 Stree	t Address (F	P.O. Box Number is Not Accept	able)		
3904 LOWSON BLV				02					
DELRAY BEACH FL	. 33445		[83]						
				84 City			FL	85 2	Zip Code
				<u> </u>		submits this statement for the p		i	registered of
Pursuant to the provision or registered agent, or familiar with, and acceptions GNATURE Signature, typed				ered Agent signatur	e required when	roinstating)	DATE		
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