

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 598228

(5)

1. Corporation Name

ENNEVOR POOL CORPORATION

Principal Place of Business

21301 POWERLINE RD
SUITE 208
BOCA RATON FL 33433

Mailing Address

3904 LAWSON BLVD
DELRAY BEACH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1978	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1872516	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 owes or has paid the current year's Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business

21 12754 COCOA PINE DR
Suite, Apt. #, etc.

2a. Mailing Address

26 12754 COCOA PINE DR
Suite, Apt. #, etc.

22 City & State

23 BOYNTON BEACH, FL
Zip Country

27 City & State

28 BOYNTON BEACH, FL
Zip Country

24 33436

25 USA

29 33436

30 USA

9. Name and Address of Current Registered Agent

ENNEVOR, DANIEL A
3904 LOWSON BLVD.
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12754 COCOA PINE DRIVE

84 City

BOYNTON BEACH

FL

85 Zip Code

33436

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ENNEVOR, DANIEL A
STREET ADDRESS 3904 LOWSON BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☐ DELETE

NAME ENNEVOR, BEVERLY
STREET ADDRESS 3904 LOWSON BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

12754 COCOA PINE DRIVE
BOYNTON BEACH, FL 33436

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

12754 COCOA PINE DRIVE
BOYNTON BEACH, FL 33436

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

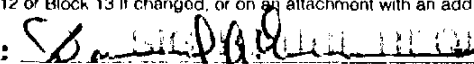
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:  DANIEL A. ENNEVOR 7/19/97 (56) 498-5077

CR2E034 (4/97)