## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

appears in Block 12 or Block 13 if changed, or on an

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Daytime Phone #

0285538

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 (1)DOCUMENT # 642515 KREEPY KRAULY U.S.A., INC. Principal Place of Business Mailing Address 13901 NW 4TH STREET 13801 NW 4TH STREET SUNRISE FL 33325-6214 SUNRISE FL 33325 3. Date Incorporated or Qualified 3a. Date of Last Report 10/22/1979 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1933161 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for Intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 VORBRICH, LARRY 1130 FAIRFAX LANE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33326 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Sugnature hypitid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change THUE 1.1 TITLE CHAUVIER, DANIEL 1.2 NAME CR2E034 MAME 13801 NW 4 STREET STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change 2.1 TITLE Addition TITLE VORBRICH, LARRY 2.2 NAME NAME 13801 NW 4TH STREET 2.3 STREET ADDRESS STREET ADORESS SUNRISE FL CHY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-SI 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-7P 44 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE THE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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 enqual report or supplemental inqual upport 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 receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an advertise that the production of the receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

hment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR