

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 # F47103 (9)

1. Corporation Name
NOFINER POOLS OF SEMINOLE COUNTY, INC.



Principal Place of Business: **C/O DANIEL C. SHEA, 102 CAMPHOR TREE LANE, ALTAMONTE SPRINGS FL 32714**
Mailing Address: **C/O DANIEL C. SHEA, 102 CAMPHOR TREE LANE, ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified: **10/02/1981** 3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-2191324** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEA, DANIEL C.
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS FL 32714**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: **FL** 85 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: _____ (Name) _____ (Date)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHEA, DAVID D | |
| STREET ADDRESS | 191 POINCIANA LANE | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHEA, ELIZABETH | |
| STREET ADDRESS | 102 CAMPHORTREE LANE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | SHEA, DANIEL C | |
| STREET ADDRESS | 102 CAMPHOR TREE LA | |
| CITY-ST-ZIP | ALTAMONTE SPRGS, FL00000 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 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: Daniel C Shea Daniel C Shea 30 March 1996 407 862 6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)