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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # HEEGOS

FILED Apr 29 1997 8:00am Secretary of State

1. Corporation Name CHALLENGER POOLS, INC. Principal Place of Business Mailing Address 945 N. MILITARY TRAIL 945 N. MILITARY TRAIL															
WEST PALM B	BEACH FL 334	115	٧	WEST PALM BI	EACH FL 33	415-1359	1								
, The state of the										3. Date Incorporated or Qualified	! -	ate of Last R	eporl	٦	
2. Principal P	loop of Punis	1000		The Martin Address						07/17/1985 4. FEI Number	04,	/12/1996		\downarrow	
2. Principal P	Tace or Busin	ess	<u> </u>	2a. Mailing Address						59-2574247		J	oplied For of Applicable	+	
Suite, Apt. #, etc.				Suite. Apt. #, etc.									Additional	1	
22			27	27						5. Certificate of Status Desired			equired		
City & State	0			City & State						6. Election Campaign Financing \$5.00 May Be					
23				28						Trust Fund Contribution Added to Fees					
Zip	Country			Zip			Country			8. This corporation has liability for			. 199.032,		
24 25 9. Name and Address of Curren				29 30 t Registered Agent			<u> </u>			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
RUE	RLEY, MICH				·		81	Name						1	
	1 N US HV						62	Stroot A	ddroc	ss (P.O. Box Number is Not Accepta	blo)			-	
STE 400, HAAS BLDG.							02			iss (F.O. Box Number is Not Acceptable)					
JUPITER FL 33477							83								
							84	City			FL	85 Zip	Code	1	
11. Pursuant	to the provis	ions of Sections 607.0	502 and	607-1508, Flo	rida Statute	es, the a	bove bove	-named o	corpoi	ration submits this statement for the		• of changing it	s registered	$\frac{1}{2}$	
office or r	registered ag ım familiar wi	ent, or both, in the Stath, and accept the ob-	ite of Flor K uations (rida. Such cha of Section 60	ange was a 17.0505, Flo	iuthorize irida Stal	d by lutes	the corp	oratio	ration submits this statement for the n's board of directors. I hereby acce	pt the app	pointment as	registered		
SIGNATURE	CM	th, and accept the ob		- ,							3-13	397			
OGIVATORE	Signature lypyd			le r' applicable	(NOTE	Registere	d Ägei	nt signature r	equired	when re-nstating)	DATE			ـ إ	
12.	POS OFFICERS AN			DIRECTORS DELETE			71.5			ADDITIONS/CHANGES TO OFF	CERS AN		RS IN 12	_ 8	
TITLE NAME	WESTON, GARY			LJ ppccie			1.1 TITLE 1.2 NAME					☐ Change	Addition	9	
STREET ADDRESS	ALE AL ARIUTABLE PRAIR						1,3 STREET ADDRESS							3	
CITY-ST-ZIP		ALM BEACH FL					1Y-S1	- 1						100	
TITLE	V				DELETE	2.1 10						Change	Addition	Շ	
NAME		IN, THEODORE				2.2 N	AME	ļ							
STREET ADDRESS		HLITARY TRAIL				2.3 51	HALCT I	ADDRESS							
CITY-ST-ZIP	WEST PA	ALM BEACH FL			Dr. F10		ITY-S	T-ZIP							
TITLE NAME				H	DELFTE	3.1 76		}				Change	Addition		
STREET ADDRESS						32 N		ADDRESS							
CITY-ST-ZIP							ITY-S	- 1		•					
TITLE					DELETE	4 1 11				· · · · · · · · · · · · · · · · · · ·		Change	Addition	1	
NAME						4 2 N	IAME	Ì							
STREET ADDRESS						4.3 S1	IREEL	address							
CITY-ST-ZIP						_	TY-SI	I - ZIP		·		·			
TITLE				LJ	DELETE 5.1 TO							Change	Addition		
NAME STORES ADDRESS						5.2 N/									
STREET ADDRESS						1		ADDRESS							
CITY-ST-ZIP TITLE					DELETE	5.4 CH	TY-ST	-ZIP				Change	Addition	-	
NAME ·						6.1 N						Containing	Addation		
STREET ADDRESS						1		ADDRESS							
CITY-ST-ZIP						64 CHY-ST								-	
														-	

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 logal 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 12 of changed, or on an attachment with an address.