FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED AND FILED

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 20 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K07716** **(9)**

1. Corporation Name
A-OKAY POOLS, INC.

Principal Place of Business	Mailing Address
~~11601 SW 59 COURT~~ ~~COOPER CITY FL 33330~~	~~11601 SW 59 COURT~~ ~~COOPER CITY FL 33330~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 19344 NW 12 St
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines FL
24: Zip: 33029 25: County: US

2a. Mailing Address
26: 19344 NW 12 St
27: Suite, Apt. #, etc.
28: City & State: Pembroke Pines FL
29: Zip: 33029 30: County: US

4. FEI Number: 65-0069402 ☐ 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

9. Name and Address of Current Registered Agent

~~FEINBERG, JEFFREY ESQ~~
~~4651 SHERIDAN STREET~~
~~SUITE #300~~
~~HOLLYWOOD FL 33021~~

10. Name and Address of New Registered Agent

81 Name: Tammi Gottfried
82 Street Address (P.O. Box Number is Not Acceptable): 19344 NW 12 St
83:
84 City: Pembroke Pines FL 85 Zip Code: 33029

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: Tammi Gottfried Tammi Gottfried Sec/Treas 3/
Signature, typed or printed name of registered agent (not the if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	GOTTFRIED, NEIL	12 NAME	
STREET ADDRESS	~~11601 SW 59 COURT~~	13 STREET ADDRESS	19344 NW 12 St
CITY-ST-ZIP	~~COOPER CITY FL~~	14 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	GOTTFRIED, TAMMI	22 NAME	
STREET ADDRESS	~~11601 SW 59 COURT~~	23 STREET ADDRESS	19344 NW 12 St
CITY-ST-ZIP	~~COOPER CITY FL~~	24 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Tammi Gottfried Tammi Gottfried S/T 4/17/95 305432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9202

0236123 CP