

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073786 (4)**

1. Corporation Name  
**PERMA-BOND POOLS INC.**



Principal Place of Business: **416 SE SEABREEZE LANE, PORT ST. LUCIE FL 34983 US**  
Mailing Address: **416 SE SEABREEZE LANE, PORT ST. LUCIE FL 34983 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields are empty.

3. Date Incorporated or Qualified: **10/18/1993**  
3a. Date of Last Report: **05/01/1995**  
4. F.I.L. Number: **64-0444281**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**GILLEN, KEITH K  
10521 S.W. 157TH PL.  
BLDG. 4-104  
MIAMI FL 33196**

10. Name and Address of New Registered Agent (81-85) fields are empty.

11. Pursuant to the provisions of Sections 607.09(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 imposed on 607.09(2), Florida Statutes.

SIGNATURE: *[Signature]*

**3-17-96**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLEN, KEITH K	
STREET ADDRESS	10421 S W 157TH PLACE BLDG 6 #204	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILLEN, DEBORAH A.	
STREET ADDRESS	10421 S W 157TH PLACE BLDG 6 #204	
CITY-STATE-ZIP	MIAMI FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	MARIAN, GREGORY C	
STREET ADDRESS	10421 S W 157TH PLACE BLDG 6 #204	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	416 SE SEABREEZE LANE	
14 CITY-STATE-ZIP	PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	416 SE SEABREEZE LANE	
24 CITY-STATE-ZIP	PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 or person in power 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 attached sheet with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3/17/96 (407)540-5466

CR2E034 (12/95)