

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 4 1994

STATE
FLORIDA

DOCUMENT # P94000010569 (9)

1. Corporation Name

ARENA POOL'S AND SPA'S INC.

Principal Place of Business

13244 SW 265 STREET
HOMESTEAD FL 33032

Mailing Address

13244 SW 265 STREET
HOMESTEAD FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0462784

Applied For

Not Applicable

Suite Apt # etc

22

Suite Apt # etc

27

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARENA, CHRIS
13244 SW 265 STREET
HOMESTEAD FL 33032

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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ARENA, CHRIS
STREET ADDRESS	13244 SW 265 STREET
CITY, ST, ZIP	HOMESTEAD FL 33032
TITLE	D
NAME	ARENA, ALFONSE S
STREET ADDRESS	13244 SW 265 STREET
CITY, ST, ZIP	HOMESTEAD FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☒ Change ☐ Addition
6. NAME	D	
7. STREET ADDRESS	ARENA, ALFONSE S.	
8. CITY, ST, ZIP	3577 ELKREM AVE.	
9. CITY, ST, ZIP	NORTH PORT, FL 34287	
10. TITLE		☐ Change ☐ Addition
11. NAME		
12. STREET ADDRESS		
13. CITY, ST, ZIP		
14. TITLE		☐ Change ☐ Addition
15. NAME		
16. STREET ADDRESS		
17. CITY, ST, ZIP		
18. TITLE		☐ Change ☐ Addition
19. NAME		
20. STREET ADDRESS		
21. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE: ALFONSE S ARENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfonse S Arena

4/24/95

813-426-5815