

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082768 (9)

1. Corporation Name

CASTLE POOL SERVICES, INC.



Principal Place of Business

Mailing Address

**6979 WEST CALLE DEL PAZ
BOCA RATON FL 33433**

**6979 WEST CALLE DEL PAZ
BOCA RATON FL 33433**

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **8546 Jared way**

26 **8546 Jared way**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Boca Raton, FL

28 City & State

Boca Raton FL

24 Zip

33433

25 Country

USA

29 Zip

33433

30 Country

USA

4. FEI Number

65-0618195

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

**GENTILE, JOHN A
6979 WEST CALLE DEL PAZ
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8546 Jared way

83

84 City **Boca Raton**

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 for the Corporation

Signature of Secretary or Treasurer of the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	GENTILE, JOHN	6979 WEST CALLE DEL PAZ	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TEL	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TEL	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TEL	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP	
		8546 Jared way	Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change																
	Secretary / Treasurer	Deborah Gentile	8546 Jared way				Boca Raton, FL 33433													
				<input type="checkbox"/> Change																
				<input type="checkbox"/> Change																
				<input type="checkbox"/> Change																
				<input type="checkbox"/> Change																
				<input type="checkbox"/> Change																

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 139.07(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: *Deborah Gentile - Deborah Gentile*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 (407) 883-5679
DATE DATE OF FILING

CR2E034 (12/95)