FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

F STATE Sandra B. Mor

Secretary of St DIVISION OF CORPC

ATIONS

DOCUMENT # P9600083451 (0)

BLUE DIAMOND POOL SERVICE, INC.

Principal Place of Business

Mailing Address

6328 LONGBOAT LANE

6328 LONGBOAT LANE

FILED Apr 14 1997 8:00am Secretary of State



	FL 33433	SUITE 402B BOCA RATON FL 33433-805	55				
			ļ		 Date Incorporated or Qualified 10/09/1996 	3a. Date of La	st Report
21 6328		2a. Mailing Address	1E		573406423	5	Applied For Not Applicable
Suite, Apt i 22 # 牛け	#, etc. 22-B	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country		This corporation has liability for in		***************************************
²⁴ 334.	33 [25] USA		30			Yes 🔀 No	
	9 Name and Address of Curren	t Hegistered Agent	81	Name i	10. Name and Address of New Re	gistered Agent	
	BINS AND LANDING, P.A.		<u>. </u>		000F		
	1 Northwest 17th Way Te 305		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
	IT LAUDERDALE FL 33309		83				
			84	City		85	Zip Code
				· · · · · · · · · · · · · · · · · · ·	oration submits this statement for the p	FL °°	
SIGNATURE	or familiar with, and accept the obligation of t				on's board of directors. I hereby accepted when reinstating)	DATE	
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
THLE	D	☐ DELETE	1.1 TITLE			Char	ge Addition
NAME	JACOBS, BRUCE		1.2 NAME				
STREET ADDRESS	6328 LONGBOAT LANE, SUITE	E 402B	1.3 STREET	ADDRESS			
	DOOL BLEDLIEL COLCO						
CHY-SI-ZIP	BOCA RATON FL 33433		1.4 CITY-S	T-ZIP			
	BUCA HATUN FL 33433	DELETE	1.4 CITY-S 2 1 TITLE	T-ZIP		☐ Char	ge Addition
TiTLE	BUCA HATUN FL 33433	☐ DELETE		T-2IP		☐ Char	ge Addition
TOTLE NAME	BOCA HATON FL 33433	☐ DELETE	21 HTLE			☐ Char	ge 🔲 Addition
NAME	BOCA HATON FL 33433	☐ DELETE	2 1 TITLE 2.2 NAME	ADDRESS		☐ Char	ge Addition
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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 3 if changed, or on an attachment with an address.

SIGNATURE: