

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67926** (3)
1. Corporation Name
SUNVEST POOLS, INC.

Principal Place of Business Mailing Address
1100 S SR 7 SUITE 200 MARGATE FL 33068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0269386** 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

2. Principal Place of Business 2a. Mailing Address
21 **1100 SOUTH STATE ROAD 7** 25
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 100** 27
City & State City & State
23 **MARGATE FL** 28
Zip Country Zip Country
24 **33068** 25 29 30

9. Name and Address of Current Registered Agent
CHARIN, ALAN
1100 S SR 7
SUITE 200
MARGATE FL 33068

10. Name and Address of New Registered Agent
81 Name **ALAN CHARIN**
82 Street Address (P.O. Box Number is Not Acceptable) **1100 SOUTH STATE ROAD 7**
83 **SUITE 100**
84 City **MARGATE** FL 85 Zip Code **33068**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GOLDBERG, SHELDON
STREET ADDRESS	1100 S. STATE RD. 7
CITY-ST-ZIP	MARGATE FL
TITLE	DP
NAME	CHARIN, ALAN
STREET ADDRESS	1100 S. STATE RD. 7
CITY-ST-ZIP	MARGATE FL
TITLE	DVP
NAME	HIGH, LOIS
STREET ADDRESS	1100 S. STATE RD. 7
CITY-ST-ZIP	MARGATE FL
TITLE	DVP
NAME	BAKER, GLENN
STREET ADDRESS	1100 S. STATE RD. 7
CITY-ST-ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: _____ **ALAN CHARIN** Date: **4-25-95** (Type or Print Name) **305-970-0555**