W: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

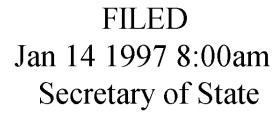
Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # V68845

(9)

POOLCARE INC.

Mailing Address





18731 MARLIN ROAD MIAMI FL 33157		PO BOX 460 Miami Fl 33116					
		US			3. Date Incorporated or Qualified 10/06/1992	3a. Date of Last 06/17/1996	Report
	ace of Business	2. Mailing Address			4, FEI Number	A	Applied For
21 /5 <del>4</del>	a3 5W 113				65-0375074		Not Applicable
Suite, Apt. #, etc. Surte, Apt. #, etc. 27					5. Certificate of Status Desired	4	Additional Required
23 City (NG) 6 City & State 28				6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee			
				Country  8, This corporation has liability for intengible tax under s. 199.032  Florida Statutes  Yes  No		s. 199.032,	
	g, Name and Address of Curr	ent Registered Agent		Т	10. Name and Address of New Reg	istered Agent	
ARC	e, John		81	Name			1
15423 SW 113 ST MIAMI FL 33196			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
WIICH	M 7 E 50/100		83			· · · · · · · · · · · · · · · · · · ·	
i			84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1605. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statute 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  Street by stor protect earns of registered agent							
12.		IND DIRECTORS	13.	loru siğiratiri e restu	ADDITIONS/CHANGES TO OFFICE		DC IN 12
TITLE	5	DELETE	1.1 Title	<del></del>	ADDITIONS/CHANGES TO GITTOI	Change	
NAME	ARCE, PHILLIS		1.2 NAME				
STREET ADDRESS	15423 SW 113 ST			T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-				
TITLE	P	DELETE	2.1 TITLE			Change	Addition
NAME	ARCE, JOHN D.		2.2 NAME				
STREET ADDRESS	15423 SW 113 ST		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST-ZIP			
TOTLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-7IP			5.4 CITY -	ST · ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY -				
	w certify that the information suppl	had with this tiling done not awal			nd in Section 119 07/3Vi). Florida Statutes	I fuetbor portifu the	** *b.

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 flustee emporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changen, or on an attachment with an address

SIGNATURE: