## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

334818 DOCUMENT #

RIVIERA POOLS, INC.

Principal Place of Business Mailing Address 503 N.E. 19 ST. 503 N.E. 19 ST. FT. LAUDERDALE FL 33305-3918 FT. LAUDERDALE FL 33305 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1968 02/14/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-1292910 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OTTINGER, GEORGE 3301 SPANISH MOSS TERR. Street Address (P.O. Box Number is Not Acceptable) **APT. 503** 83 FT LAUDERDALE FL 33319 84 City 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, typedior pointed trame or registerior agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE OTTINGER, GEORGE NAME 1.2 NAME 3301 SPANISH MOSS TERR. 13 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33319 CITY - ST - ZIP 1.4 City - St - ZiP ST DELETE Change Addition TITLE 21 TITLE **ELLIOTT. RAY** 2.2 NAME NAME 503 NE 19TH ST STREET ADDRESS 2.3 STREET ADDRESS WILTON MANORS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP DELETE 51 Table Change ■ Addition TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** City-St-2iP 64 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

96/6)

**FILED** 

Jan 17 1997 8:00am

Secretary of State