

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **511945** (8)

POOL CONTROL OF BROWARD, INC.

Principal Place of Business: **3771 NW 84TH AVE 2A
SUNRISE FL 33351**
Mailing Address: **3771 NW 84TH AVE 2A
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date incorporation or reorganization: **09/08/1976** 3a. Date of Last Report: **06/13/1994**

4. FEI Number: **59-1711570** 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

7. This corporation has adopted the Uniform Tax Code of Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 State, Apt. # etc. 26 State, Apt. # etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**GAGLIANO, JOHN C.
3771 NW 84TH AVE #2A
SUNRISE FL 33351**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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. Thereby accept the appointment as registered agent. I am hereby will and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or of Registered Agent's Employer)

(Signature of Registered Agent or of Registered Agent's Employer)

ENR

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: **D GAGLIANO, JEAN A.**
12.2 STREET ADDRESS: **3771 N.W. 84TH AVE #2A**
12.3 CITY, ST. ZIP: **SUNRISE FL**
12.4 TITLE: **STD**
12.5 NAME: **GAGLIANO, JOHN C.**
12.6 STREET ADDRESS: **3771 N.W. 84TH AVE #2A**
12.7 CITY, ST. ZIP: **SUNRISE FL**
12.8 TITLE: _____
12.9 NAME: _____
12.10 STREET ADDRESS: _____
12.11 CITY, ST. ZIP: _____
12.12 TITLE: _____
12.13 NAME: _____
12.14 STREET ADDRESS: _____
12.15 CITY, ST. ZIP: _____
12.16 TITLE: _____
12.17 NAME: _____
12.18 STREET ADDRESS: _____
12.19 CITY, ST. ZIP: _____

13.1 NAME: _____ Change Addition
13.2 STREET ADDRESS: _____
13.3 CITY, ST. ZIP: _____ Change Addition
13.4 TITLE: _____ Change Addition
13.5 NAME: _____
13.6 STREET ADDRESS: _____
13.7 CITY, ST. ZIP: _____ Change Addition
13.8 TITLE: _____ Change Addition
13.9 NAME: _____
13.10 STREET ADDRESS: _____
13.11 CITY, ST. ZIP: _____ Change Addition
13.12 TITLE: _____ Change Addition
13.13 NAME: _____
13.14 STREET ADDRESS: _____
13.15 CITY, ST. ZIP: _____ Change Addition
13.16 TITLE: _____ Change Addition
13.17 NAME: _____
13.18 STREET ADDRESS: _____
13.19 CITY, ST. ZIP: _____ Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and clearly and truthfully for the complete states of Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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 available or close to of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *John C. Gagliano*
SIGNATURE AND TYPED, PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

April 29, 1995 (305) 746 3012
TALLAHASSEE, FLORIDA