FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED pg 1 of 2

1997 JUL 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 543525

1. Corporation Name

CLASSIC POOLS, INC

Principal Place of Business	Mailing Address
6765 SUNSET STRIP SUNRISE, FL. 33313	6765 SUNSET STRIP SUNRISE, FL. 33313

3. Date Incorporated or Qualified: 08/15/1977
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-1761580 ☐ 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

9. Name and Address of Current Registered Agent

JACK LONGO
6700 N.E. 20 TERR.
FT LAUDERDALE, FL. 33308

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES/D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JACK LONGO	12 NAME	300002250303--8
STREET ADDRESS	6700 NE 20 TERR	13 STREET ADDRESS	-07/29/97--01043--012
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	14 CITY-ST-ZIP	******8.75 ******8.75
TITLE	SEC/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JOAN LONGO	22 NAME	300002250303--8
STREET ADDRESS	6700 NE 20 TERR	23 STREET ADDRESS	-07/29/97--01043--013
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	24 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Joan Longo Treas. 7/17/97 954-722-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4L&P 7/22/97

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CLASSIC POOLS INC.
6765 SUNSET STRIP
SUNRISE, FL 33313

June 21, 1997

Division Of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Corp. #543525
FEI# 59-1761580

Gentlemen:

Enclosed find my Corporate Annual Report and a check for $165.00, plus $8.75 for a Certificate of Status.

Please abate the late penalty charge, as the report was never received at our office. I have attached a report from your office showing that for the past twenty years I have always filed on a timely basis.

Thank you for your consideration in this matter.

Joan Longo
Joan Longo

Please send Certificate of Status to:

Classic Pools, Inc
c/o J Longo
6780 NE 20 Terr.
Ft. Lauderdale, Fl. 33308