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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 550049

(1)

MARX POOLS CORP.								
Principal Place of Business Mailing Address								
3810 NE 209TH TERRACE NORTH MIAMI BEACH FL 33180		3810 NE 209TH TERRACE NORTH MIAMI BEACH FL 33180						
US		US			3. Date Incorporated or Qualified 10/25/1977		te of Last 06/12/1	•
2. Principal Place of Business		2a. Mailing Address			4. FE! Number	<u>.l'</u>	/// (E)	Applied For
21		26		59-1774295	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	X		75 Additional e Required	
City & State		City & State		6. Election Campaign Financing		\$5.	.00 May Be	
23		28			Trust Fund Contribution		Add	ded to Fees
Zip [24]	Country Zrp C		Country	4	 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No			
	9. Name and Address of Curren		[30]		10. Name and Address of New R	·	Agent	
	<u> </u>		81	Name	IV. Hame and Addiess of Idea A	ogistorea.	Agent	
MARX, PAUL								
-	209TH TERRACE		82	Street Add	dress (P.O. Box Number is Not Acceptable	ie)		
	MIAMI BEACH FL 33180		83					
			84	City			Tes I	7-0-1-
				' '	oration submits this statement for the purp	FL	_ '	Zip Code
familiar with	of agent, or both, in the State of Florid in, and accept the obligations of, Section agradue, tried or parted name of registered agent. OFFICERS AND	a Such change was author on 607,0505, Florida Statute and into it applicable	ized by the corr	oration's bo	ard of directors. Thereby accept the appo	a theirnthic	s register	ed agent. I am
DILE	PD	DELETE 1 1 TITLE				····	Change	
NAME	MARX, PAUL		1.2 NAME	2 NAME				
STREET ADDRESS	3810 NE 209TH TERRACE		1.3 STREET ADDRESS					
CITY-ST-7IP	N. MIAMI BCH FL		14 CITY-	ST-ZIP				
TITLE	D	DELETE	2 1 THILE				Change	e 🔲 Addition
NAME	MARX, LINDA		2.2 NAME					
STREET ADDRESS	3810 NE 209TH TERRACE			I ADDRESS				
CITY - ST - ZIP	N. MIAMI BCH FL	DELETE	2.4 CITY -: 3. 1 TITLE	ST - ZIP			Change	e Addition
NAME		<u></u>	3.2 NAME			Ī	onung	. L Radilloss
STREET ADDRESS				T ADORESS				
CITY-S1-ZIP			3 4 CITY-					
TifLE		□ DELETE	4. 1 TITLE				☐ Change	e 🔲 Addition
NAME			4.2 NAME					
STHEET ADDRESS			4.3 STREE	ADDRESS				
CITY+S1+ZIF			4.4 CITY -	ST - ZIP				
TIT.E		DEFE 1E	5 1 TITLE			1	☐ Change	e 🔲 Addition
NAME			5.2 NAME					
STHEE! ADDRESS				ADDRESS				
CITY - ST - 7IP 		DELETE	5 4 CITY - : 8 1 TITLE	ST-ZIP			Chang	a D Addition
NAME		[] better	62 NAME				☐ Change	e 🔲 Addition
STHEET ADDRESS			63 STREE	ADDRESS				
CHY-SI-ZiP			64 CITY-					
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily ful	mished and doe	s not qualify	for the exemption stated in Section 119.0	07(3)(k), Fk	orida Stat	lutes. I further
certify that I oath; that I	the information indicated on this annua	al report or supplemental an ation or the receiver or trust	inual report is tri see empowered	ie and accur.	ate and that my signature shall have the sais report as required by Chapter 607, Flo	lenal ames	l affort se	: If made under

PAUL MARX 2/26/96 305-935-0126
NO OFFICER OR DIRECTOR

Daylone Phone 9