

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:46

DOCUMENT # **581848** (9)

1. Corporation Name

AQUATIC ISLES POOL SERVICE, INC.

Principal Place of Business

1717 SW 1ST WAY
STE - 10
DEERFIELD BEACH FL 33064
US

Mailing Address

4072 NW 7TH PLACE
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1978	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1848534	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. 199.03%, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

9. Name and Address of Current Registered Agent

HANF, STEVEN W.
4072 NW 7TH PLACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]

STEVEN W. HANF

4/19/95

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	☐ Change ☐ Addition
NAME	HANF, STEVEN W.	1.2 NAME	
STREET ADDRESS	4072 NW 7TH PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HANF, STEVE W	2.2 NAME	
STREET ADDRESS	4072 NW 7TH PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN W. HANF

4/19/95 305-427-8852