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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

583260

(5)

INLAND POOLS, INC.

Principal Place of Business

Mailing Address



7816 W SAMPLE ROAD CORAL SPRINGS FL 33065		7816 W SAMPLE ROAD CORAL SPRINGS FL 33065			
				 Date Incorporated or Qualified 08/23/1978 	3a. Date of Last Report 01/23/1995
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-1841871	Applied For Not Applicable
 Suite, Apt #. 	ete	26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζip	Country 25	Zφ	Country 30	8. This corporation has liability for Florida Statutes Ye	r intangible tax under s. 199.032, s
	9. Name and Address of Curren			10. Name and Address of New	Registered Agent
	. **		81 Nam	e	
GELLERT, ARNOLD D 7816 W SAMPLE ROAD			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)	
	CORAL SPRINGS FL 33065		83		
					EI 85 Zip Code
REPORT OF A LANGE	, and accept the obligations of, Sect linearing species protermanic or registered agent		(NC) E Registered Agent signatur	re response when reinstalings	DATE
2.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
itf	S	[] DELETE	1 1 TITLE		Change Addition
MMI	O'CONNELL, ELIZABETH		1.2 NAME		
FEET ALIOHESS	8873 NW 2ND ST		1.3 STREET ADDRES	S	
FY - \$1 - 20F	CORAL SPRINGS FL		1.4 City-St-ZiP		El Obres El Addiso
TL1	V	DEFETE	2 1 TITLE		Change Addition
AME .	O'CONNELL, DAVID C		2 2 NAME		
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14.00			■ 3.2 N:5MF	Olconnoll Ir Dat	
	•		3.2 NAME 3.3 STREET ADDRES	O'Connell, Jr. Day	
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4. 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 conjugration 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 chapter out attachment with an address.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 954 752 2473