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PROFIT CORPORATION ANNUAL REPORT

1997

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Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 636966

(4)

ARIZA POOL SERVICE AND RENOVATION, INC.

D : (D)	A D. Commission		44				I (14 BM): BIBLI II II I	
Principal Place of Business 456 S. MiLWEE STREET LONGWOOD FL 32750		_	Mailing Address 456 S. MILWEE STREET LONGWOOD FL 32750-4163					
						3. Date Incorporated or Qualified 09/20/1979	3a. Date of Last	
2. Principal Pla	ace of Business	28. Mailing	Address			4. FEI Number		Applied For
21 Surte, Apt. #, etc 22		26	26 Suite, Apt. #, etc.			59-1971949 Not Appl		Not Applicable
		 				5. Certificate of Status Desired See Required Fee Required		
City & State		ļŋ `	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip		Countr	y	8. This corporation has liability for in		
24	25	29		30			Yes 🔲 No	
	9. Name and Address of Curr	rent Registered A	gent			10. Name and Address of New Reg	Istered Agent	
ARIZ	'A, JOSE			81	Name			
456 S. MILWEE ST.			62 Street Ac		Street Add	ddress (P.O. Box Number is Not Acceptable)		
LONG	GWOOD FL 32750			83				
				84	City	•	FL 85 Z	p Code
11. Pursuant to	o the provisions of Sections 607 (0502 and 607 1508	R. Florida Statu	ites the abov	e-named corr	poration submits this statement for the po	ironse of changing	its registered
office or re	egistered agent or both, in the St	ate of Florida, Such	h change was	authorized b	y the corpora	ition's board of directors. I hereby accept	t the appointment	as registered
Office of re	n ramilutzwin, and accept me od	ngillaris at, Sectio	n 607.0505, F	Toriga Statute	s. 10 1	Do: 0	- 15-90	7
/	1 Miller (1	11/1/10	l .		- 37 71			
agent I an	Law wild of physical figure of recovery	MULA Joint and Irie (Val) licar	ole (NO	TE: Registered Ac	ent signature requ	rired when reinstating)	DATE	
/	James type of phase of name of recovery	agent and trie it and licer AND DIRECTORS	nie (NO	DTE: Registered Ac	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12
SIGNATUR	James type of phase of name of recovery	grint and trie it in licat AND DIRECTORS	DELETE		ent signature requ		DATE ERS AND DIRECT	
SIGNATUR	James type of phase of name of recovery	atent and total ly my licat AND DIRECTORS		13.				
SIGNATUR 12. TITLE	OFFICERS	girit and trie live) licat AND DIRECTORS		13. 1.1 TITLE 1.2 NAME				
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