FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **666492** **(4)**

1. Corporation Name
INCA SOLAR POOLS, INC.

Principal Place of Business
3960 A TAMIAMI TR
PORT CHARLOTTE FL 33948

Mailing Address
3960 A TAMIAMI TR
PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1980**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2161433** — 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 solely for changes tax under S. 607.0505, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREIRA, WALTER JOHN
2168 PELLAM BLVD NW
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 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: Signature of New Registered Agent if Agent is Changing — Signature of Registered Agent if Agent is Not Changing — Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE: P NAME: PEREIRA, WALTER STREET ADDRESS: 2168 PELLAM BLVD.,N.E. CITY, ST, ZIP: PORT CHARLOTTE FL	1 TYPE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP
TYPE: V NAME: PEREIRA, VICTORIA STREET ADDRESS: 2168 PELLAM BLVD.,N.E. CITY, ST, ZIP: PORT CHARLOTTE FL	1 TYPE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP
TYPE: S NAME: PEREIRA, ANGELA B. STREET ADDRESS: 2168 PELLAM BLVD. CITY, ST, ZIP: PORT CHARLOTTE FL	1 TYPE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP
TYPE: T NAME: PEREIRA, WALTER J STREET ADDRESS: 2168 PELLAM BLVD NE CITY, ST, ZIP: PT CHARLOTTE FL	1 TYPE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP
TYPE NAME STREET ADDRESS CITY, ST, ZIP	1 TYPE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP
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14. I hereby certify that the information supplied with this filing, or statutorily authorized and does not qualify for the exemption stated in Section 119.07(3)(o), Florida Statutes. I further certify that the information indicated on this 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 is the entity named with an address.

SIGNATURE: Victoria Pereira — 6/28/95 — (941) 625-2520
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Victoria Pereira

0339731 CP