

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734886

FILED
Jan 09, 2004
Secretary of State

Entity Name: ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA, INC.

Current Principal Place of Business:

P O BOX 654535
MIAMI, FL 33265 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 654535
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 59-1657925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DANIEL ESQ.
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, DANIEL ESQ
Address: 1313 PONCE DE LEON BLVD, #200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: DAVIS, DANIEL ESQ
Address: 1313 PONCE DE LEON BLVD, #200
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: KIMBALL, FRED
Address: 7715 S W 122ND ST
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: KIMBALL, FRED
Address: 7715 S W 122ND ST
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: SHAHD, HANNA
Address: P O BOX 630736
City-St-Zip: MIAMI, FL 33163

Title: T () Delete
Name: SHAHD, HANNA
Address: P O BOX 630736
City-St-Zip: MIAMI, FL 33163

Title: D () Delete
Name: KATON, ROBERT W
Address: 18000 SW 92 PLACE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: ESSIG, DAN
Address: 1800 NE 151 STREET
City-St-Zip: NORTH MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KIMBALL, FRED
Address: 7715 S W 122ND ST
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change () Addition
Name: KIMBALL, FRED
Address: 7715 S W 122ND ST
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like employees.

Address: 18000 SW 92 PLACE
City-St-Zip: MIAMI, FL 33156

Address: PRES
City-St-Zip: 01/09/2004

Electronic Signature of Signing Officer or Director

Date