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 MAY -1 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F54850** (5)

1. Corporation Name
A-1 POOL SERVICE & REPAIR, INC.

Principal Place of Business	Mailing Address
11791 S.W. 25TH STREET DAVIE FL 33325	11791 S.W. 25TH STREET DAVIE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1981
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 5375 S.W. 119th AVENUE	26 5375 S.W. 119th AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COOPER CITY, FLORIDA	City & State 28 COOPER CITY, FLORIDA
Zip 24 33330 Country 25 BROWARD	Zip 29 33330 Country 30 BROWARD

4. FEI Number: 59-2148388 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORSCH, LEWIS J 11791 S.W. 25TH STREET DAVIE FL 33325	81 Name: NEHLS, CURT E. 82 Street Address (P.O. Box Number is Not Acceptable): 5375 S.W. 119th AVENUE 83 84 City: COOPER CITY, FL 85 Zip Code: 33330

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: C E [illegible] - Vice President — 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	DORSCH, DELORES, S	12 NAME		
STREET ADDRESS	11791 S.W. 25TH STREET	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	☐ Change ☐ Addition	
NAME	DORSCH, LEWIS J	22 NAME		
STREET ADDRESS	11791 S.W. 25TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change ☒ Addition	
NAME		32 NAME	VICE PRESIDENT - V	
STREET ADDRESS		33 STREET ADDRESS	NEHLS, CURT E.	
CITY-ST-ZIP		34 CITY-ST-ZIP	5375 S.W. 119th AVENUE, COOPER CITY, FL 33330	
TITLE		41 TITLE	☐ Change ☒ Addition	
NAME		42 NAME	S/T	
STREET ADDRESS		43 STREET ADDRESS	MUSUMECI, SHERI L.	
CITY-ST-ZIP		44 CITY-ST-ZIP	5375 SW 119th AVENUE, COOPER CITY, FL 33330	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 attachment with an address.

SIGNATURE: Sheri L. Musumeci — 4/16/95 — 305 424-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015847 CP