

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F54850

(5)

1. Corporation Name

A-1 POOL SERVICE & REPAIR, INC.

Principal Place of Business

5375 SW 119TH AVE
COOPER CITY FL 33330
US

Mailing Address

5375 SW 119TH AVE
COOPER CITY FL 33330-4262
US

3. Date Incorporated or Qualified
12/23/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4310 DIAMOND TERRACE

Suite, Apt. #, etc.

22 -
City & State

23 FT. LAUDERDALE, FLORIDA

Zip Country

24 33331

25 U.S.

2a. Mailing Address

26 4310 DIAMOND TERRACE

Suite, Apt. #, etc.

27 -
City & State

28 FT. LAUDERDALE, FLORIDA

Zip Country

29 33331

30 U.S.

4. FEI Number

59-2148388

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

NEHLS, CURT E
5375 SW 119TH AVENUE
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4310 DIAMOND TERRACE

83

84 City

FT. LAUDERDALE,

FL

85 Zip Code

33331

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4 22 97

12. OFFICERS AND DIRECTORS

TITLE VP
NAME NEHLS, CURT E
STREET ADDRESS 5375 SW 119TH AVE
CITY-ST-ZIP COOPER CITY FL
☐ DELETE

TITLE P
NAME DORSCH, LEWIS J
STREET ADDRESS 11791 S.W. 25TH STREET
CITY-ST-ZIP DAVIE FL
☒ DELETE

TITLE SY
NAME NEHLS, SHERI L
STREET ADDRESS 5375 SW 119TH AVENUE
CITY-ST-ZIP COOPER CITY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME
1.3 STREET ADDRESS 4310 DIAMOND TERRACE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33331
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE VICE PRESIDENT
3.2 NAME
3.3 STREET ADDRESS 4310 DIAMOND TERRACE
3.4 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33331
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 22 97

964-344-2273

Date

Daytime Phone #

0288107

CR2E034 (9/96)