

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F87045

(3)

1. Corporation Name

HURRICANE POOLS, INC.



Principal Place of Business

3620 S.W. 108 AVE.
MIAMI FL 33165

Mailing Address

3620 S.W. 108 AVE.
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

SILVEIRA, GEORGE
3620 S.W. 108 AVE.
MIAMI FL 33165

3. Date Incorporated or Qualified

05/20/1982

3a. Date of Last Report

09/20/1995

4. FEI Number

59-2286383

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent, I am

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPS
SILVEIRA, GEORGE
3620 S.W. 108 AVE.
MIAMI FL 33165

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

4. TITLE
NAME
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CITY, ST, ZIP
☐ DELETE

☐ DELETE

5. TITLE
NAME
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CITY, ST, ZIP
☐ DELETE

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
☐ Change ☐ Addition

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)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appeared in Block 12 or Block 13 if changed or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE SILVEIRA

2/6/96 227-8410

CR2E034 (12/95)