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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G64098 (8)
1. Corporation Name
IDEAL POOLS OF BROWARD, INC.

Principal Place of Business: **2111 NORTH 14TH TERRACE HOLLYWOOD FL 33020**
Mailing Address: **2111 NORTH 14TH TERRACE HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/07/1983** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2334805** 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

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**

9. Name and Address of Current Registered Agent
**GIBSON, DAVE
2111 NORTH 14TH TERRACE
HOLLYWOOD FL 33020**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE: **P**
NAME: **GIBSON, DAVE**
STREET ADDRESS: **2111 N. 14TH TERR. HOLLYWOOD FL**
CITY-ST-ZIP: _____
TITLE: **ST**
NAME: **GIBSON, LORETTA**
STREET ADDRESS: **2111 N. 14TH TERR. HOLLYWOOD FL**
CITY-ST-ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____ Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
2.1 TITLE: _____ Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____
4.1 TITLE: _____ Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: _____ Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____ Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 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 110.07(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 the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: *Dave Gibson* **DAVE GIBSON** *4/21/95* **305-920-0023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone