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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8241 N DIXIE HWY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93974

(5)

Mailing Address

6241 N DIXIE HWY

ALL AMERICAN POOL SERVICES, INC.

FILED May 12 1997 8:00am Secretary of State

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FT. LAUDERDA	ALE FL 33334	FT. LAUDERDALE FL 33334	4-3620					
					3. Date Incorporated or Qualified 03/30/1984		e of Last F)1/1996	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number		A	pplied For
21 6251	N_DIXIE_HWY	26 1467 NE 57 Suite, Apt. #, etc.	PLA	CE	59-2415672			lot Applicable
Suite, Apt.		27			5. Certificate of Status Desired			Additional Required
City & State City & State City & State City & State FT LAUDERDALE, FL 28 FT LAUDERDALE,			ALE,	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
zip 3333	Country 25	Zip 333334	Coun	try	This corporation has liability for influence of the following statutes. This corporation has liability for influence of the following statutes.	ntangible t] Yes = [s. 199.032,
	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New Re	gistered A	gent	
	CDONALD, PETER B.		E	Name				
	7 NE 57 PLACE		Įε	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
, FI.	LAUDERDALE FL 33334							
			{	13				
			Ē	City		FL	85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo outhorized orida Statu	ove-named co by the corpora les.	rporation submits this statement for the p alion's board of directors. I hereby accep	urpose of of the appo	changing intment a	its registered s registered
SIGNATURE	Signalure, typod or printed name of registered age	nt and little if applicable. (NOTE	Registored a	Agent signature req	ulied when reinstaling)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELFTE	1.1 1011	ŧ			Change	Addition
NAME	MACDONALD, PETER B. 1467 NE 57 PL		1.2 NAM	1				
STREET ADDRESS	FT. LAUDERDALE FL			ET ADDRESS				
CITY-ST-ZIP TITLE	VST	DELETE		'- ST - Z)P			Change	Addition
NAME	MACDONALD, GRACE H.	L) valete	2.1 111L 2.2 NAM	}			Change	Addition
STREET ADDRESS	1467 NE 57 PL			EET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			Y-\$1-ZIP				
TITLE		DELETE	3.1 1111				Change	Addition
NAME	·		3.2 NAN	16)				
STREET ADDRESS			3.3 51R	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-\$1-ZIP				
TITLE		DELETE	4.1 1011	ſ			Change	Addition
NAME			4 2 NA	ME				
STREET ADDRESS			4.3 BTR	EFT ADDRESS				
City-St-Zip				- S1 - ZIP				
TITLE		□ DELETE	5.1 TITL	f			L Change	Addition
NAME			5.2 NAM	ľ				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		Librican	_	'-\$1-7II'			05	4.4.00
TITLE		DELETE	6.1 TH	i		;	∐ Change	☐ Addition
NAME			6.2 NAN	·				
Street Address			1	EET ADDRESS				
CITY-ST-ZIP	L		6.4 CITY	'- ST-2IP				

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 of 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.