

FILE NOW: FILING FEE AFTER MAY 1 IS \$265.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H57672** (8)
1. Corporation Name
AQUA MARINE POOL SERVICES, INC.



Principal Place of Business Mailing Address
400 S. DIXIE HWY. SUITE 423 BOCA RATON FL 33432

3. Date Incorporated or Qualified **05/20/1985** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-2529863** 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 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**RAPER, JERRY
400 S DIXIE HWY
SUITE 423
BOCA RATON FL 33432**

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 607.0602 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 of Registered Agent (Print Name and Title)

NOTE: Registered Agent must be a resident of Florida.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVP <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPER, JERRY L.	2. NAME
STREET ADDRESS	1063 CORAL DR.	3. STREET ADDRESS
CITY-ST-ZIP	BOYNTON BCH. FL	4. CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPER, MARJORIE	2. NAME
STREET ADDRESS	1063 CORAL DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 119.07(3)(c), 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 the Attachment with an address.

SIGNATURE:

Jerry L. Raper
Jerry L. Raper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT

CR2E034 (12/95)