

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

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

95111Y -1 AM 4:25

**DOCUMENT # J64996 (8)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name:  
**POOL PLACE OF CAPE CORAL, INC.**

Principal Place of Business: **1229 SE 47 TERR  
CAPE CORAL FL 33904  
US**  
Mailing Address: **1229 SE 47 TERR  
CAPE CORAL FL 33904  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1987**  
3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2784267**  
Applied For:   
Not Applicable:

State: Apt # etc: **22**  
27

5. Certificate of Status Desired:   
**\$8.75 Additional Fee Required**

City & State: **23**  
28

6. Election Campaign Financing Trust Fund Contribution:   
**\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 190.03(1) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROOSA, V.S.  
1714 CAPE CORAL PKWY  
CAPE CORAL FL**

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 607.06(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, if 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 607.06(4), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>VERBEET, MARTIN</b>
STREET ADDRESS	<b>1229 S.E. 47TH TER</b>
CITY, ST, ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b>
NAME	<b>VERBEET, MARGOT</b>
STREET ADDRESS	<b>1229 S.E. 47TH TER</b>
CITY, ST, ZIP	<b>CAPE CORAL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(5)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it had been made by the officer or director of the corporation for the transaction of business purposed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of change or new attachments with an address.

SIGNATURE: *Margot Verbeet*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARGOT VERBEET**

4-14-95 (813) 549-2233