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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K07716 (9)

A-OKAY POOLS, INC.

Principal Place of Business

19344 NW. 12 STREET PEMBROKE PINES FL 33029

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address 19344 NW 12 ST.

2a. Mailing Address

City & State

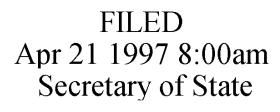
Suite. Apt. #, etc.

PEMBROKE PINES FL 33029-3208

26

27

28





Sa. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/26/1996

3. Date Incorporated or Qualified

12/18/1987

65-0069402

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

| Zip | Country | Zip | | Country | • | 8. This corporation has I | | | s. 1 9 9.032, | |
|---|---|---|--------------------------------|------------------------------|---|--|-----------------------------------|-------------------------------------|-----------------------------|--|
| 24 25 29 30 | | | | Florida Statutes Yes No | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| TAMMI GOTTFRIED | | | | | Name | | | | | |
| 19344 NW 12TH STREET | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PEMBROKE PINES FL 33029 | | | | | | | | | | |
| } | | | | 83 | | | | | ŀ | |
| | | | | B4 | City | <u> </u> | | 85 Zip | Code | |
| | | | | 04 | City | | | FL P | 0000 | |
| office o | it to the provisions of Sections 607.0 r registered agent for both, in the Sta am familiar with, and accept the obl | ite of Florida. Such chan | ge was author | rized by | the corporat | oration submits this stateme ion's board of directors. I he | nt for the purp reby accept th | ose of changing in a appointment as | ts registered registered | |
| SIGNATURE | | | | | | | | | | |
| | Styrulino, Typind or profine name of registered agent and title if applicable. OFFICERS AND DIRECTORS | | | | ent signature requir | e required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| 12. | OFFICERS A | | | 13. | | AUDITIONS/CHANGES | IU OFFICER | Change | Addition | |
| | 1 71. | | | 1 TITLE | | | | L. Unalige | LI Addition | |
| NAM: | Gottfried, Neil 19344 NW 12TH St. | | | 2 NAME | | | | 13 | | |
| STREET ADDRES | PEMBROKE PINES FL | | | | ADDRESS | | | | إ | |
| City - 57 - 710 | | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | Change | Addition | |
| TITLE | | | | | 1 | | | fig. Orange | LT Mullion I | |
| NAME | GOTTFRIED, TAMMI | | i | 2 NAME | | | | | | |
| STREET ADDRES | COOPED OFFI | | | | ADDRESS | 6 5 4 | | 2.00 | 1 | |
| 011Y-ST-7/2 | OGGER OFF FL | DE | | 4000 | ST-ZIP | mbroke Pines | ₁ FL 3 | 3027 Change | Addition | |
| 101;E | | | | 1 TITLE | 1 | | | | L1 Modition | |
| NAM: | | | | 3.2 NAME | | | | | | |
| STREET ADDRES | 5 | | | | ADDRESS | | | |] | |
| City-St ZiP | | DE | | 4. CITY-1 | ST-ZiP | | | Change | Addition | |
| Titt | | □ <i>i</i> ic | | | | | | ☐ cuands | L_J Addition | |
| NAME | | | • | 1, 2 NAME | | | | | (| |
| STREET ADDRES | 5 | | 1 | | ADDRESS | | | | Į. | |
| CITY ST-74" | | DE | | 4 CITY-5 | ST-ZIP | | | Change | Addition | |
| TIREF | | L., 1/c | | 5.1 TITLE | | | | change | LT WOURDIN | |
| NAME | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | , | | | ADDRESS | | | | 1 | |
| CITY - ST - ZIP | | | | A CITY-S | ST-ZIP | | | Change | T Addition | |
| 1046 | [] DELETE | | 1 | 6.1 TITLE | | | | ☐ Change | Addition | |
| NAME | | | | 3.2 NAME | | | | | | |
| SERFLE ADORES | S | | | | ADDRESS | | | | | |
| C(1Y - S1 20) | eby certify that the information supp | light with this files does | | SA CITY-S | | l in Coation 110 07/20/20 Flore | ide Ctetute - 1 | further partification | tha | |
| informa Lam an | eby certify that the information supp tion indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changed, | ir supplemental annual re or the receiver or trustee | eport is true a e empowered | nd acci | urate and that | my signature shall have the | same legal ef | fect as if made ur | nder oath; that | |