

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K20888

(9)

1. Corporation Name

BLUE MARLIN POOLS, INC.

Principal Place of Business

992 OLD BOYNTON RD
BOYNTON BEACH FL 33426-3513

Mailing Address

992 OLD BOYNTON RD
BOYNTON BEACH FL 33426-3513



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

P. O. Box 3355

Boynton Bch. FL

33424

USA

3. Date Incorporated or Qualified

04/13/1988

3a. Date of Last Report

08/05/1996

4. FEI Number

65-0045560

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

9. Name and Address of Current Registered Agent

SCHONE, LARRY
50 SE FOURTH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name Shelley M. Adams
82 Street Address (P.O. Box Number is Not Acceptable) 8128 Rodeo Drive
83
84 City Lake Worth FL 85 Zip Code 33467

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 607.0605, Florida Statutes.

SIGNATURE

Shelley M. Adams

Shelley M. Adams

4/25/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME ADAMS, JOHN H. III
STREET ADDRESS 992 OLD BOYNTON RD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D
NAME ADAMS, JOHN H. III
STREET ADDRESS 992 OLD BOYNTON RD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
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

11 TITLE PST
12 NAME Adams, John H. III
13 STREET ADDRESS 8128 Rodeo Drive
14 CITY-ST-ZIP Lake Worth, FL 33467

21 TITLE
22 NAME Adams, John H. III
23 STREET ADDRESS 8128 Rodeo Drive
24 CITY-ST-ZIP Lake Worth, FL 33467

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 an attachment with an address.

SIGNATURE

Shelley M. Adams

4-78-97 (571) 736-7615

CR2E034 (9/96)