FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K23117** **(0)**

1. Corporation Name

SUN-DAY POOL SERVICE, INC.

Principal Place of Business
~~16891 N.E. 22ND AVE.~~
~~APT. #A~~
~~NORTH MIAMI BEACH FL 33162~~
US

Mailing Address
1065 N.E. 125TH ST.
SUITE 407
NORTH MIAMI FL 33161

2. Principal Place of Business
21 650 N.E. 149th Street
Suite, Apt. #, etc.
22 Apt. 405A
City & State
23 N. Miami, FL
Zip 24 33161 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/06/1988
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0053101 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

SERRANO, RAUL O., JR. CPA, PA
1065 N.E. 125TH STREET
SUITE #407
NORTH MIAMI FL 33161

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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: THEODORE, JACK N.
Street Address: ~~16891 N.E. 22ND AVE., #APT A~~
City, St, Zip: ~~N. MIAMI BEACH FL 33162~~
☐ DELETE

TITLE: V
NAME: STYRON, JAMES
Street Address: ~~16891 N.E. 22ND AVE., #A~~
City, St, Zip: ~~N. MIAMI BEACH FL 33162~~
☐ DELETE

TITLE / NAME / Street Address / City, St, Zip ☐ DELETE

TITLE / NAME / Street Address / City, St, Zip ☐ DELETE

TITLE / NAME / Street Address / City, St, Zip ☐ DELETE

TITLE / NAME / Street Address / City, St, Zip ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: 650 NE 149th St., #405A N. Miami, FL 33161 ☒ Change ☐ Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: 650 NE 149th St., #405A N. Miami, FL 33161 ☒ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack N. Theodore

3-7-96
Date

(305) 949-5955
Daytime Phone #

CR2E034 (12/95)