

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

FILED

Apr 17 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 # **K23117** (0)
1. Corporation Name
SUN-DAY POOL SERVICE, INC.

Principal Place of Business Mailing Address
~~650 NE 140TH STREET-~~ 1085 N.E. 125TH ST.
~~APT-405A~~ ~~SUITE 407~~
~~N. MIAMI FL 33161~~ NORTH MIAMI FL 33161-5834
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1988		3a. Date of Last Report 03/12/1996	
21 1421 N.E. 171st St.		26		4. FEI Number 65-0053101		Applied For Not Applicable	
22 Suite, Apt. #, etc. Apt. 11		27 Suite, Apt. #, etc. Suite 317		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State North Miami Beach, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33162		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERRANO, RAUL O., JR. CPA, PA 1085 N.E. 125TH STREET SUITE #407 NORTH MIAMI FL 33161				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 Suite 317			
				84 City FL 85 Zip Code			

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE, JACK N.	1.2 NAME	
STREET ADDRESS	650 NE 140TH ST., #405A	1.3 STREET ADDRESS	1421 N.E. 171st St., Apt. 11
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYRON, JAMES	2.2 NAME	
STREET ADDRESS	650 NE 140TH ST., #405A	2.3 STREET ADDRESS	1421 N.E. 171st St., Apt. 11
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	3.1 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 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, as changed, or on an attachment with an address.

SIGNATURE:

Jack N. Theodore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 (305) 945-3441

Date

Daytime Phone #

0219064

CR2E034 (9/96)