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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

K36200

(9)

DSD POOL SERVICE, INC.

									BiBir Bibir Bibir ibbi
Principal Piac	e of Business	Mailing Address				-{			
4600 van Buren St. Hollywood Fl 33021		4600 VAN BUREN ST. HOLLYWOOD FL 33021							
2 Principal D	l(0)					3. Date Incorporated or Qualified 10/04/1988	3a. Date	of Last)2/06/	
[34]		2a. Ma'ling Address	7			4. FEI Number	<u> </u>	72,00,	Applied For
Suite, Apt.	#. etc.	Cuito Ant #				65-0283059			Not Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
City & Stat	e	City & State					—.—.		e Required
23		28				Election Campaign Financing Trust Fund Contribution			00 мау Ве
Zip	Country	Zip	Count	y		8. This corporation has liability for in	_	Add	ed to Fees
24	O Namo and Address of C	29	30			Florida Statutes Yes	□ No		5 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered #	gent	
HULL	NDER, BRUCE L.		8	1	Name				
1940 H	HARRISON ST		82 Street			ss (P.O. Box Number is Not Acceptable	<u>, </u>		
	WOOD FL 33020		83	L.					
			60	1					
			84	1	City			85 Z	ip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Florida Statu orida. Such change was author ction 607.0505, Florida Statute	ites, the above- ized by the corp es.	na oor	imed corporat ration's board	ion submits this statement for the purp of directors. I hereby accept the appoir	ose of char niment as r	ging its egistere	registered office d agent. I am
SIGNATURE _	Signature, typed or printed nan a of registered ap								
12,	Signature, typed or printed nane; of registered ago.	ent and the integral applicable. The ND DIRECTORS	OFE Parameter Age	115	signature required w	ner-renstating.			
TITLE	PD	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	DRS IN 12
NAME	GEORGIAN, DAN	□] DEL€1E	1. 1 THE					Change	Add tion
STREET ADDRESS	4600 VAN BUREN ST.		1.2 NAME						
CITY-ST ZIP	HOLLYWOOD FL		1 3 STREET						
T-TLF	STD	DELETE	2 1 TIFLE	51 - 4	ZIF				
NAME	GEORGIAN, ELENA		2.2 NAME					Change	☐ Addition
STREET ADDRESS	4600 VAN BUREN ST.		2.3 STREET	ΔБ	22:800				
C-TY-ST-ZiP	HOLLYWOOD FL		2 4 CITY - S						
TITLE		☐ DELETE	3 1 TITLE					Change	Addition
NAM!			3.2 NAME				_	orungs	LJ Addition
STREET ADDRESS			3.3 STREFT	AD	DORESS				
CITY - ST - 7IP			3.4 CITY - S	۲٠Z	?IP				
NAME		□ DELETE	4 1 TITLE					Change	Addition
STREET ADDRESS			4.2 NAME						_
CiTY-ST-ZIP			4.3 STREET		- 1				
Tifice		D€LĒTĒ	4.4 CITY - S	- 7	Р				
NAME		L DE SELIE	5 1 TILE					Change	Addition
STREET ADDRESS			5.2 NAME	425	anr oo				ļ
CITY-ST-ZIP			53 STREET						
TIFLE		DELETE	5.4 CITY - ST 6. 1 TITLE	· Zli	·				
NAME .			6.2 NAME				LJ	Change	☐ Addition
STREET ADDRESS			63 STREET	ADD.	PRESS				
CITY-S1-ZIP			6.4 City - S1		T				

Ido 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: DAN GEORGIAN WM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE PAR BIRECTOR

02 126 196 Darie Da, time Phone &