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Mar 25 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 # K57624

(4)

1. Corporation Name
IHNN POOLS, INC.

Principal Place of Business

4901 US 1
UNIT L
VERO BEACH FL 32967
US

Mailing Address

4901 US 1
UNIT L
VERO BEACH FL 32967-1590
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

IHNN, EDWARD
9330 85TH STREET
VERO BEACH FL 32967

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
01/11/1989

3a. Date of Last Report
03/19/1996

4. FEI Number

59-2934887

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

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 607.0502 and 607.1506, 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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	IHNN, EDWARD	
STREET ADDRESS	9330 85TH STREET	
CITY-STATE-ZIP	VERO BEACH FL 32967	
TITLE	VP	☐ DELETE
NAME	IHNN, GARY	
STREET ADDRESS	172 CAPRONA AVE.	
CITY-STATE-ZIP	SEBASTIAN FL 32958	
TITLE	ST	☐ DELETE
NAME	IHNN BRAIN	
STREET ADDRESS	9330 85TH ST.	
CITY-STATE-ZIP	VERO BEACH FL 32967	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Edward Ihnen Edward Ihnen, Pres. Pres 561-569-2228
SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-30-97

CR2E034 (9/96)