## 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

101

1. Corporation	MENT # NOZOS Name ATE POOLS, INC.	oo ( <del>9</del> )		 	
Principal Place of Business		Mailing Address			TO BERN OUT ON THE REAL PROPERTY OF THE PROPER
4450 SW 61ST AVENUE. UNIT 8 DAVIE FL 33314		4450 SW 61ST AVENUE. UNIT 8 DAVIE FL 33314			
				3. Date Incorporated or Qualified 02/01/1989	3a. Date of Last Report 05/01/1995
_2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0164116	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc		5. Cortificate of Status Desired	\$8.75 Additional
City & State	2	City & State		& Floring Companies	- ree Required
23		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
<b>Z</b> ip	Country	Zip	Country:	8. This corporation has liability for	intangible tax under s 199.032,
24	9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes X Yes  10. Name and Address of New F	No
	g. Harry and Hadron of Gallo	nt riegistered Agent	81 Name	10. Name and Address of New F	registered Agent
MYNATT, HAROLD E			82 Street	Address (P.O. Box Number is Not Acceptat	do)
4450 S.W. BIST AVENUE				Products in the French is not Acceptate	
UNIT # 8			83		
DAVIE FL 33314			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-rianied co	prporation submits this statement for the pu	roose of changing its registered office.
	red agent, or both, in the State of Flor th, and accept the obligations of, Sec		d by the corporation's	board of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registers (lager OF FIGURE AN	rand memaginasa (60) VD DIRECTORS	F. Begebred Agent sgrute.co.		OATE
THILE	P	DELETE	1 1 THILE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12  Change
NAME	MYNATT, GENE	_	1.2 NAME	HAROLD E. MYNATT	Z change [] resulted
STHEET ADDRESS	13521 SW 9TH COURT		13 SPREET ADDRESS	7,0	
CITY-ST-ZIP	DAVIE FL	Fig. Scatter	1.4 C(1) - S1 - Z(P)		
TITLE NAME	V TANNER, ZACK C	☐ DELETE	2 1 TifeF		☐ Change ☐ Addition
STREET ADDRESS	2813 NE 21ST AVE.		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		2.4 CITY - ST - ZIP		
THILE	V	<b>⊠</b> DELETE	3 1 TIJLE		Change Addition
NAME	SLOCUM, BURT		3.2 NAME		
STREET ADDRESS	217 NW 42ND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PLANTATION FL	EJ briere	3.4 CHY ST-ZIF		
NAME		☐ DELETE	4 1 TITLE 4 2 NAME	S HAKOLD E. MYNATT	Change 🔀 Addit-on
STREET ADDRESS			4.3 STREET ADDRESS	13521 SW 9TH COURT	<del>r.</del>
CITY-S1-ZIP			4.4.C-11-ST-Z-P	DAVIE, FL 33325	
TITLE		DELETE	5 1 TITLE	7	Change 🔀 Addition
NAME			5.2 NAME	ZACK C. TANNER	
STREET ADDRESS			5/3 STREET ADDRESS	2813 NE 21ST AVENUE	
DITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIF	FT LAUDER DALE, FL	
NAMÉ .			6 1 TITLE 6 2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIF			6 4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnis	shed and does not qua	lify for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

certify that, the information indicated on this amuse 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: \_9

ASTURBLE MANAGE OF SIGNING OFFICER OF DIRECTOR

4/30/96

(454)791-6246