

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

FILED

Apr 16 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 # K76060 (8)

1. Corporation Name
POOL CENTERS, U.S.A., INC.

Principal Place of Business
4410 PETERS RD.
FT. LAUDERDALE FL 33317
US

Mailing Address
4410 PETERS RD.
FT. LAUDERDALE FL 33317-4545
US



3. Date Incorporated or Qualified 03/28/1989
3a. Date of Last Report 05/02/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 65-0111152
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

COLEMAN, MELVIN
6855 W. BROWARD BLVD.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name MARTIN KAISER
82 Street Address (P.O. Box Number is Not Acceptable) 5629 JOHNSON STREET
83
84 City HOLLYWOOD FL 85 Zip Code 33021

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Martin A. Kaiser VP 4-9-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	COLEMAN, MELVIN	
STREET ADDRESS	6855 W. BROWARD BLVD.	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	VP	DELETE
NAME	COLEMAN, DARREN	
STREET ADDRESS	10680 NW 16 CT.	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	ST	DELETE
NAME	COLEMAN, BRIAN P.	
STREET ADDRESS	10680 NW 16 CT.	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	MELVIN COLEMAN		
1.3 STREET ADDRESS	4408 PETERS ROAD		
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33317		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	ST	Change	Addition
3.2 NAME	BRIAN COLEMAN		
3.3 STREET ADDRESS	4408 PETERS ROAD		
3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33317		
4.1 TITLE	VP	Change	Addition
4.2 NAME	MARTIN KAISER		
4.3 STREET ADDRESS	5629 JOHNSON STREET		
4.4 CITY - ST - ZIP	HOLLYWOOD, FLORIDA 33021		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an addendum with an address.

SIGNATURE: MELVIN COLEMAN 4/9/97 9:54
687-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)