

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L23592** (3)

1. Corporation Name  
**V & R POOL SERVICE, INC.**



Principal Place of Business  
**20021 NW 40TH AVE  
CORAL CITY FL 33065-1366**

Mailing Address  
**20021 NW 40TH AVE  
CORAL CITY FL 33065-1366**

3. Date Incorporated or Qualified <b>10/17/1989</b>	3a. Date of Last Report <b>08/01/1995</b>
4. FEI Number <b>65-0168332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CINTRON JR, RAYMOND  
20021 NW 40TH AVE  
CORAL CITY FL 33055**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 of the person submitting this report and the application

Signature of Registered Agent (signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> DELETE
2. NAME	<b>DPT</b>
3. STREET ADDRESS	<b>RAYMOND, CINTRON JR</b>
4. CITY - ST - ZIP	<b>20021 NW 40TH AVE</b>
5. CITY	<b>CORAL CTY FL</b>
6. NAME	<input type="checkbox"/> DELETE
7. STREET ADDRESS	<input type="checkbox"/> DELETE
8. CITY - ST - ZIP	<input type="checkbox"/> DELETE
9. CITY	<input type="checkbox"/> DELETE
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	<input type="checkbox"/> DELETE
12. CITY - ST - ZIP	<input type="checkbox"/> DELETE
13. CITY	<input type="checkbox"/> DELETE
14. NAME	<input type="checkbox"/> DELETE
15. STREET ADDRESS	<input type="checkbox"/> DELETE
16. CITY - ST - ZIP	<input type="checkbox"/> DELETE
17. CITY	<input type="checkbox"/> DELETE
18. NAME	<input type="checkbox"/> DELETE
19. STREET ADDRESS	<input type="checkbox"/> DELETE
20. CITY - ST - ZIP	<input type="checkbox"/> DELETE
21. CITY	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 5. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. 7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. 8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. 15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. 17. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. 19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. 20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. 21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (305) 826-4202

CR2E034 (12/95)