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

## PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40970 (0)  R & K CUSTOM POOLS, INC.  Principal Place of Business Mailing Address 1300 55TH AVEN.												
ST. PETERSBUI US			PETERSBURG FL 33	703-2009	ĺ		3	Date Incorporated or Quali		ate of Las		ırt
								01/02/1990	08/	23/1996	<u> </u>	
	lace of Business	2a.	Mailing Address				4	FEI Number			Applie	
1		26						59-2981716				pplicable
Suite, Apt. 2		27	Suite, Apt. #, etc.				5	. Certificate of Status Desire	d []		Requi	red
City & State	e -	⊢	City & State				6	i. Election Campaign Financi	-		00 ма	
3	Country	28	Zip	T c	<b>-</b>			Trust Fund Contribution			ed to F	
Zip ⊒	<b>⊢</b> -₁ - · · · ,	1—1	Σιβ	30	itry	•	8	In This corporation has liability Florida Statutes	y for intangible Yes		rs. 19	9.032,
4	25] 9. Name and Address of Cu	29	ared Agent	[30]	₩	<del></del>	10	). Name and Address of Ne				
REG	GHOEFER, RUSSELL				81	Name						<del></del> -
SEM	INOLE FL 34747				82			P.O. Box Number is Not Acc				
					84	City			FL	.   -	ip Cod	
<ol> <li>Pursuant :         office or r         agent. La</li> <li>SIGNATURE</li> </ol>	to the provisions of Sections 607 egistered agent, or both, in the S n° familiar with, and accept the of								the purpose of accept the ap	of changing	g its re as reg	gistered histored
12.	Signatine, typicd or printed name of registered Of COPERS	AND DIREC		OTE Registe		oni signature i	required whe	en reinstating) ADDITIONS/CHANGES TO		D DIRECT	OBST	N 12
IILE	PO	OND DIVER	DELETE		TITLE	т		ADDITIONOTORINGED TO	o, i iosito Att	Chanc		Addition
IAME	BERGHOEFER, RUSSELL		tions are a factorial		NAME	1					_	_ ,
STREET AUDRESS	8521 79TH AVE., N			1		ADDRESS						
DITY - ST - ZUP	SEMINOLE FL				CITY-S	1						
TITLE	VST		DELETE		TITLE				***************************************	Chang	)e [	Addition
NAME .	BERGHOEFER, RUSSELL			2.2	NAME	İ				_		
STREET ADDRESS	8521 79TH AVE., N			2.3	STREET	ADDRESS						
CITY-SE-ZIP	SEMINOLE FL			2.4	CITY-	ST-ZIP						
MUE			DELETE	3.1	TITLE					Chang	e L	Addition
+MAN				3.2	NAME	- 1						
STREET ACIORESS				33	STREET	ADDRES\$						
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ilir E			DELETE	4.1	TITLE					Chang	je [	Addition
NAME				4.3	2 NAME	1						
STREET ADDRESS				4.3	STREET	ADDRESS						

64 CITY-S1-ZIP

14. If 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am in 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.

4.4 CHTY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

CHTY-ST ZIP

STHEET ADDRESS

STREET ADDRESS

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4.15.97

813.572.2210

Change

Change

Addition

Addition

**FILED** 

Apr 22 1997 8:00am

Secretary of State