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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51530

(8)

DAILEY POOL COMPANY, INC.

FILED Jun 03 1997 8:00am Secretary of State

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			IBDI BIBLI BIBLI PIPIP BIBLI KBBC	
Principal Place of Business	Mailing Address	r 48 BEI Dit ann ania? stadt Arran erint Roet Atan at	INI EIRII DIDII AINII AINII (PA)	
72 SW 4TH ST. HOMESTEAD FL 33030 US	72 SW 4TH ST. HOMESTEAD FL 33030-7221 US			
		1 - 1	Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
21	26	65-0168822	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt., #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Ζιρ Co 29 30	ntry 8. This corporation has liability for intang Florida Statutes Yes	Plant .	
g. Name and Address of (Current Registered Agent	10. Name and Address of New Register	ed Agent	
DAILEY, JOHN 72 SW 4TH ST. HOMESTEAD FL FL 33010		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		

83 84 City

SIGNATURE	Signature, typed or printed name of registered agent and time if applicable (NO	E Registered Agent's gnature requ	pred when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELETE	1.1 TITLE	Change Additio
AME	DAILEY, JOHN	1.2 NAME	
TREET ADDRESS	72 8W 4TH ST.	1.3 STREET ADDRESS	
ITY-ST-ZIP	HOMESTEAD FL	1.4 CITY - ST - ZIP	
TITLE	DELETE	2 1 TITLE	Change Addition
IAME		2.2 NAME	
TREET ADDRESS		2 3 STREET ADDRESS	
XTY-ST-ZIP		2. 4 CITY - ST - ZIP	
ITLE	☐ DELETE	3.1 TOLE	Change Additi
AME		3.2 NAME	
TREET ADDRESS		3.3 STREET ADDRESS	
HY-ST-ZIP		3.4. CITY - ST - ZIP	
TILE	☐ DÉLETE	4.1 TITLE	Change Addition
IAME		4. 2 NAME	
TREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 GITY - ST - ZIP	
ITLE	DELETE	5.1 THTLE	Change Addition
(AME		5.2 NAME	
TREET ADDRESS		5.3 STREET ADDRESS	
ity-st-zip		5.4 CITY-ST-ZIP	
ITLE	DELETE	6.1 TITLE	☐ Change ☐ Additio
MAME		6.2 NAME	
STREET ADORESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		64 City-St-7iP	

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 it am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or no an attachment with an address.