


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

FILED
May 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 # <u>L572644</u> 1. Corporation Name <u>DORPOISE Pool & PATIO OF THE FLA. KEYS, INC.</u>					
Principal Place of Business <u>5 EMERALD DR.</u> <u>KEY WEST, FL. 33040</u>			Mailing Address <u>P.O. Box 2177</u> <u>KEY WEST, FL. 33040-2177</u>		
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <u>1/23/91</u> 3a. Date of Last Report <u>'96</u> 4. FEI Number <u>65-0185871</u> <u>65-0185871-19412</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>Hugh Papy</u> <u>1214 LAIRD ST.</u> <u>KEY WEST, FL. 33040</u>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 _____ <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP <u>PRESIDENT</u> <u>John M. NERAAL</u> <u>5 EMERALD DR.</u> <u>KEY WEST, FL. 33040</u> <input type="checkbox"/> DELETE <u>VICE PRESIDENT</u> <u>John M. NERAAL, II</u> <u>5 EMERALD DR.</u> <u>KEY WEST, FL. 33040</u> <input type="checkbox"/> DELETE <u>SEC. & TREASURER</u> <u>ROBERTA H. NERAAL</u> <u>5 EMERALD DR.</u> <u>KEY WEST, FL. 33040</u> <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. I, the undersigned, 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 attachment with an address.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/28/97</u> (302) 296-0240 Date Daytime Phone #		

CR2E034 (9/96)