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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

L59652

(2)

NORTH STAR POOL CORPORATION	
Principal Place of Business Mailing Address	
C/O R.J. NORTH 5611 18TH STREET EAST ELLENTON FL 34222 ELLENTON FL 34222	
US US	3. Date incorporated or Qualified 03/20/1990 3a. Date of Last Report 04/28/1995
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For 65-0186117 Not Applied ble
1990 DEI PINE DR. 25/1290 DEL PINE DR.	65-018611/ Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Cortificate of Status Desired Fee Required
City & State City	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip Country	8. This corporation has liability for intangible tax under s. 199.032,
24 33903 25 LEE 29 33903 30 LEE	Florida Statutes Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 81 Name	ID. Notice and Address of New Tregisters Age
1 1	(F.O. Play Number is Not Accordable)
NUMIN, KJ. 5611 18TH STREET EAST 82 Street Add 1230	ress (P.O. Hox Number is Not Acceptable) PEL PINE PR.
ELLENTON FL 34222	
84 City	85 Zip Code
<i>K.F</i>	T. MVERS FL 39909
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bor 	pration submits this statement for the purpose of changing its registered office
or registered agent, or both, in the State of Florida. Such drange was authorized by the corporation's cost familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.	and of this books. Those by the books, and appoint now as regions as a good say
SIGNATURE	
Signature, types or printed name of registered agent and title if application (NOT): Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13.	Change
STREET ADDRESS 5611 18TH STREET EAST 1.3 STREET ADDRESS /	130 DELPINE DR.
CITY-ST-ZIP ELLENTON FL 1.4 CITY-ST-ZIP	230 DEL PINE DR. 1. Fr. myers, Fl. 93 900 [Y Change Addition
TITLE D DELETE 2.1 TITLE	Change Addition
NAME NORTH, DELLA MAE 22 NAME	OTHE DR
STREET ADDRESS 5611 18TH STREET EAST 23 STREET ADDRESS 12	290 DEL PINE DR
CHY-SI-ZIF ELLENION FL 24 CHY-SI-ZIF ZY	1, 1-1, MYERS 1-1 33703
TITLE LIDELF IE 3 1 THEF	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CUTV. CL. 70	
34 C 17 - S1 - 71F	Change Addition
NAME 42 NAME	 · ·
SIRELLADDRESS 43 STREET ADDRESS	
CTY-ST-ZIP 4.4 CTTY-ST-ZIP	
TITLE DELETE 5 1 TITLE	Change Addition
NAME 52 NAME	
STHEFT ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 C-TY-ST-7-P	☐ Change ☐ Addition
THE DELETE 6 THE	Change Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZP 64 CITY-ST-ZP 64 CITY-ST-ZP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
14. I do hereby certify that the information supplied with this tiling is voluntary unlisted and occur of the certify that the information indicated on this annual report or supplemental annual report is true and accurant; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the corporation.	
	environment and explanation of a ratio of the following and contract of the residence of

Note OF SIGNING OFFICER OF DIRECTOR MAENORTH 4-2-96 941-202-1102