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 # **L72391** **(0)**

1. Corporation Name

H 2 O POOL SERVICE, INC.

Principal Place of Business	Mailing Address
% MORDECHIA AILOS 701 BAYSHORE DR. FT. LAUDERDALE FL 33304	% MORDECHIA AILOS 701 BAYSHORE DR. FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 05/10/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 5951 N.E. 14th Lane
Suite, Apt. #, etc.
22: Apt. 106N
City & State
23: Fort Lauderdale, FL
Zip: 24: 33334-5019 Country: 25: U.S.A.

2a. Mailing Address
26: 5951 N.E. 14th Lane
Suite, Apt. #, etc.
27: Apt. 106N
City & State
28: Fort Lauderdale, FL
Zip: 29: 33334-5019 Country: 30: U.S.A.

4. FEI Number: 65-0197873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AILOS, MORDECHIA
701 BAYSHORE DRIVE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5951 N.E. 14th Lane-Apt. 106N
83
84 City: Fort Lauderdale, FL 85 Zip Code: 33334

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	AILOS, MORDECHIA		1.2 NAME		
STREET ADDRESS	701 BAYSHORE DR		1.3 STREET ADDRESS	5951 N.E. 14th Lane-Apt.106N	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334-5019	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: × Mordechai Ailos Mordechai Ailos × 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE