COI	PROFIT RPORATION UAL REPORT	AFTE	FLORIDA DEPARTMEN Sandra B. Mort Secretary of Sta			T OF STATE tham ate		FILED Jan 23 1998 8:00am					
DOCH	1998 DOCUMENT # M90088				VISION OF CORPORATIONS				Secretar	y (of S	St	ate
			(9)										
AURO	ra pools and spas, in	IC.											
Principal Place of Business Mailing Address								1					
2145 STOCKMAN ROAD 2145 STOCKMAN													
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34					i 5 5							_	
US		U	S					-	DO NOT WRITE Date Incorporated or Qualified	IN THIS	SPACE	E	
								3.	07/11/1988				
2. Principal F	Place of Business	2a.	Mailing Address			-		4.	V// 11/ 1900 FEI Number			ΙΔr	plied For
21		26	· ·						59-2905321		ŀ		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Certificate of Status Desired			.75	Additional equired
City & Stat	e		City & State					6.	Election Campaign Financing		\$	5.00	May Be
23		28							Trust Fund Contribution				to Fees
Zip	Country		Zìp	_	untry	1	:	8.	This corporation owes or has pai				
24	9. Name and Address of Curr	29 rent Begis		30	т-			10	Personal Property Tax due June Name and Address of New Reg		Yes		No No
W	ALTER, JOHN A. JR		2		81	Name			1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rigoni		
	45 STOCKMAN ROAD					- A							
	W PORT RICHEY FL 34655				82	Street	Addres	ss (P	O. Box Number is Not Acceptab	le)			
					83								
					84	City					leci	7:- /	~~~~ <u>~</u>
						,				FL	- 85		Code
 Pursuant office or ragent. I a 	to the provisions of Sections 607,0 registered agent, or both, in the Sta im familiar with, and accept the ob-	502 and 60 ate of Florid ligations of	07.1508, Florida Statute la. Such change was a Section 607.0505, Flo	es, the a uthorize rida Sta	bove d by tutes	named the cor	corpoi poratio	ratior n's b	n submits this statement for the property of directors. I hereby acceptions	urpose of t the ap	of chang pointme	ging it ent as	s registered registered
SIGNATURE	<u> </u>												
12.	Signature, typed or printed name of registered OFFICERS A			: Registere	d Age	nt signature	required		reinstating) DDITIONS/CHANGES TO OFFIC	DATE EDC AN	ם חומר	стог	C 1N1 4D
TITLE	DP	AND DITIEC	DELETE	1.1 7.	ITLE		1		ADDITIONS/CHANGES TO OFFICE	ENS AIN		range	Addition
NAME	WALTER, JOHN A. JR.			1.2 N									
Street address	2145 STOCKMAN ROAD			1.3 \$	TREET	ADDRESS							
CITY - ST - ZIP	NEW PORT RICHEY FL				1.4 CITY-ST-ZIP								
TETLE	DST			2.1 TITLE						☐ Ch	ange	Addition	
NAME	WALTER, DEBORAH SUE			2.2 NAME									
STREET ADDRESS	2145 STOCKMAN ROAD			2.3 STREET ADDRESS									
CITY-ST-ZIP	NEW PORT RICHEY FL			2. 4 CITY-ST-ZIP				·					
TITLE	DELETE		1	3.1 TITLE						∐ Ch	lange	□ Addition	
NAME					3.2 NAME								
STREET ADDRESS	•				3.3 STREET ADDRESS								
CITY-ST-ZIP TITLE			0.51.574		3.4. CITY-ST-ZIP 4.1 TITLE						☐ Ch	ange	Addition
NAME				4.21								rgu	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					4 CITY - ST - ZIP								
TITLE			DELETE	5.1 TI							☐ Ch	ange	Addition
NAME				5.2 N	AME								

14. I hereby certify that the information supplied with this filling 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 changes, or on the attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition