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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **P33805**

(3)

SEA ISLAND POOLS, INC.

Principal Place of Business

120 INTERSTATE NORTH PKWY, EAST, SUITE 436

Mailing Address

120 INTERSTATE NORTH PKWY, EAST, SUITE 4



	NTA GA 30339	atlanta ga 3033	99						
0 m = 5		<u>-</u>				3. Date Incorporated or Qualified 05/03/1991	3a. Date		st Report 8/1995
_2. Princip 21	na' Place of Business	2a. Mailing Address				4. FEI Number			Applied For
	Apt. #, etc.	26 Suite, Apt. #, etc.				58-1475539	··-·	[Not Applicable
2	126 27 42					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Oity 8	······································	City & State 28				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 4]	Country 25	Zip	Cou	intry		8. This corporation has liability for it		x unde	ers 199.032,
<u>.</u> 1	9. Name and Address of Curr	29 ent Registered Agent	30	_	<u>-</u>	Florida Statutes			
		The Hogistered Agent		81	Name	10. Name and Address of New Re	egistered /	\gent	
CT CORPORATION SYSTEM									
	200 S. PINE ISLAND ROAD		82 Street Add		Street Address	s (P.O. Box Number is Not Acceptabl	e)		
	ANTATION FL 33324			83					
				84	City			lor I	Tin Code
				1	•		FL	85	Zip Code
or reg familia	ant to the provisions of Sections 607.05 jistered agent, or both, in the State of Flo ar with, and accept the obligations of, Se	oz and 607, 1508, Florida Statu orida. Such change was authori oction 607,0505, Florida Statute	tes, the abo zed by the c s.	oorpc	amed corporation oration's board of	on submits this statement for the purp of directors. I hereby accept the appo	pose of cha sintment as	nging registe	its registered office pred agent. I am
SIGNATUI					signature required wh		DATE		
2.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIREC	CTORS IN 12
TLF	PD	☐ DELETE	1 1 1	ITLE) Chan	
IAME	HELLANDRESS 895 SOUTH POWERS COURT			1.2 NAME 1.3 STREET ADDRESS					
THEFT ADDR									
STY-SI-ZIP	ATLANTA GA			1y-51	- ŽIP				
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WARREN, KAREN W.			2 2 NA	2.2 NAME			_		
	OF CUITH DUNCTE OF	N IDT					-		
		DURT	2.3 ST	IREET A	ADDRESS		_		
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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: Michael A WACAFN

Marsh 1/16/46

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