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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

CHY-\$1-70°

STREET ADDRESS

SIGNATURE:/

CEV ST-ZE

TILLE NAME

DOCUMENT # P9200000428 (2)

DANIEL'S INTRACOASTAL POOLS & SPAS, INC.

1830 SW 8 AVE. 1830 SW 6 AVE POMPANO BEACH FL 33060-9018 POMPANO BEACH FL 33060 3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1992 03/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0366106 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NUSSBAUM, HOWARD J 100 W CYPRESS CREEK RD. 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 84 City 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 for 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 fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign in relity, and or printed name of regions and agent and trie if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PSD DELETE Change Addition TITLE 11 TITLE GROH, DANIEL NAME 1.2 NAME 1830 SW 6 AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY ST 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TOUR NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS $CHY\cdot SI\cdot ZF$ 2 4 CITY-ST-ZIP Addition DELETE 3 1 TITLE Change Tife 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP COV-ST ZIP DELETE ☐ Change Addition 4.1 TITLE THEE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CHY-ST-7P DELETE ☐ Change Addition TICLE 5.1 TITLE 5.2 NAME KAM: 53 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. If do hereby 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.

6.1 TITLE

6.2 NAME

DANIEL A. GROH

DELETE

FILED Mar 04 1997 8:00am Secretary of State

Addition

