SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P92000001277 (2)

PROFESSIONAL POOL SUPPLIES, INC.

Principal Place of Business Mailing Address 9835-9 LAKE WORTH RD LAKE WORTH FL 33467 LAKE WORTH FL 33467						
LAKE WORT	TH FL 33467	LAKE WORTH FL 3346				
					3. Date Incorporated or Qualifit 11/02/1992	ed 3a. Date of Last Report 04/27/1995
2. Principal Place of Business 28. Mailing Address 21			- 		4. FEI Number	Applied For
Suite, Apt #, etc Suite, Apt #, etc				_	65-0372010	Not Applicate
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	ic.	City & State			6. Election Campaign Financing	9 5.00 May Be
Ζιρ	Country	Zip	Count	rv	Trust Fund Contribution	Added to Fees
24	25	29	30	,	Florida Statutes	for intangible tax under s. 199 032.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	
	EBERMAN, SHELDON		8	1 Name		
21203 LAGO CIR BOCA RATON FL 33433			82	2 Street Add	dress (P.O. Box Number is Not Accep	table)
00	ON INTON FL 33433		83	3		
			84	1		
44 0				1,		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607,1508, Florida Statu of Florida, Such change was	tes, the above	e-named corp	poration submits this statement for the ion's board of directors. Thereby and	
agent i a	im familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statute:	s	torra board or directors. Thereby and	ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agr	inf and title if applicable (NO	IF Beauting 4a	ont court and	red when reinstying)	
12.	OFFICERS AN	ID DIRECTORS	13.	ion adulante ted t		FICERS AND DIRECTORS IN 12
TITLE	D UEDEDMAN OUT TO	DELETE	1 1 TITLE		ADDITIONS/OFFARIDES TO OF	Change Addition
NAME	LIEBERMAN, SHELDON		1.2 NAME			
STREET ADDRESS	21203 LAGO CIR BOCA RATON FL 33433		13 STREE	T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	14 CITY - :	S1 - ZiP		
NAME	LIEBERMAN, FRANCINE	[] Dereit	21 TILLE			Change Addition
STREET ADDRESS	21203 LAGO CIR		2.2 NAME			
CITY-ST-ZIP	BOCA RATON FL 33433		23 STREET 2 4 City -			
TITLE	D	DELETE	3171116	51-ZIP		Charas
NAME	Lieberman, Robert S		3.2 NAME			Change Addition
STREET ADDRESS	21203 LAGO CIR		33STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		34 CITY-:	ST - ZiP		
TITLE NAME	U LIEDEDAMAN DATOLOGIA III	DELETE	41 TITLE			Change Addition
NAME STREET ADDRESS	LIEBERMAN, PATRICIA M BONITA ISLE DR		4 2 NAME			- 1001
CITY - ST - ZIP	LAKE WORTH FL 33467		43STREET	ADDRESS		
TITLE	LINE HUNITIFE 3340/	DELETE	4.4 CITY - S	T-ZIP		
NAME		C) percit	5 1 THTLE	j		Change Addition
STREFT ADDRESS			5 2 NAME	*300500		
CITY-ST-ZIP			5.3 STREET			
TITLE		DELETE	54 CITY - S 61 TITLE	1 · ZIP		
NAME			6 2 NAME			Change Add tion
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			CLOSTIC	. 3.0		
I do hereby further cert	y certify that the information supplied tify that the information indicated on t	with this filing is voluntarily fur			fy for the exemption stated in Section	119 07/39/k) Florida Statutos I

made under oath, that I am an officer of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and stigned appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Dat

620.96 407-967-3096