

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  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000001277 (2)

1. Corporation Name

PROFESSIONAL POOL SUPPLIES, INC.

Principal Place of Business

9835-9 LAKE WORTH RD  
LAKE WORTH FL 33467

Mailing Address

9835-9 LAKE WORTH RD  
LAKE WORTH FL 33467



3. Date Incorporated or Qualified  
11/02/1992

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LIEBERMAN, SHELDON  
21203 LAGO CIR  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LIEBERMAN, SHELDON  
STREET ADDRESS 21203 LAGO CIR  
CITY - ST - ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME LIEBERMAN, FRANCINE  
STREET ADDRESS 21203 LAGO CIR  
CITY - ST - ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME LIEBERMAN, ROBERT S  
STREET ADDRESS 21203 LAGO CIR  
CITY - ST - ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME LIEBERMAN, PATRICIA M  
STREET ADDRESS BONITA ISLE DR  
CITY - ST - ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

Patricia M. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

407-967-3096

Date

Daytime Phone #

CR2E034 (3/96)