## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 1. Corporation Name

P92000008025 (8)

A & J	POOL FINNISHERS, INC	C.								
Principal Place	of Business	Mailing Address				- I HOBITORI ILO IONO ILDIR ODINI DONI I	I DIGI BUHH UDIN	i juii <b>fo</b> i	IO CINDOL DARA CODI	
8751 FOREST HILLS BLVD CORAL SPRINGS FL 33065  8751 FOREST HILLS BLVD CORAL SPRINGS FL 33065										
						3. Date Incorporated or Qualified 3a. Date of L 12/01/1992 12/20			ast Report <b>)/1995</b>	
2. Principal Place of Business 28. Mailing Address						4. FEI Number 65-0372982	<del></del>		Applied For	
· · · · · · · · · · · · · · · · · · ·						05/03/2802			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State	Oity & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
. 1 Ζιρ	Country	Zıp	Cou	intry		8. This corporation has liability for in	ntangible tax			
24	[25]	29	30			Florida Statutes				
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	gistered A	gent		
LIATUEI	АІЛ			81	Name					
HATUEL, AVI 8751 FOREST HILLS BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptabl	9)			
	SPRINGS FL 33065			83						
				84	City		FL	85 Z	ip Code	
11. Pursuant t or register familiar wit	to the provisions of Sections 607, red agent, or both, in the State of th, and accept the obligations of,	.0502 and 607.1508, Florida Statut Florida. Such change was authoriz Section 607.0505, Florida Statutes	tes, the abo zed by the o s.	orpi	named corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of chai intment as	nging its egistere:	registered office d agent. I am	
SIGNATURE .	Say where typest or printed name of registeres	clagent and title if applicable (NC	TL Registered	l Agei	Lsignature required	Ewhen renstating)	DATE			
12.	OF LICER	OFFICERS AND DIRECTORS  DELFTE		13. 1 1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
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STREET ADDRESS			6 2 N/	AME	ADDRESS		L.	Loughye	[] Auditor	

64 City-St-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental argument report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 a radial sec.

SIGNATURE:

3-11-96 (305) 341-6233.