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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000029806 (5)

FILED Apr 30 1997 8:00am Secretary of State

CLEAN WATER POOLS, INC. Frincipal Plane of Business Mailing Address 2385 N.W. 120TH LANE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-3271									
						3. Date Incorporated or Qualified 04/21/1993		te of Last F 5/1996	Report
2 Principal	Place of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4, FEI Number	V4/2		polied For
21	T Mod of Prioritegy	26				65-0403837			lot Applicable
Suite, Apl	l #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27		·		a. Certificate of Status Desired		·	Required
City & Sta	ate	City & State				6. Election Campaign Financing			May Be
23		28]	T 0			Trust Fund Contribution			lo Fees
Zip	Country	Zip	 	untry		8. This corporation has hability for	intangible i		s. 199.032,
24	25 9, Name and Address of Currer	29 Agent	30	т		Florida Statutes 10. Name and Address of New Re			
A1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Alatol an While		81	Name	1A' (antian mile Unerigan et (10M))	S. a. c. inst L		
ALAN J. POLIN, P.A. 1999 UNIVERSITY PLAZA								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CORAL SPRINGS FL 33071				82 Street A		ress (P.O. Box Number is Not Accepta	Die)		
	THE WILLIAM I L VVVII			83	· · · · · · · · · · · · · · · · · · ·				
								11 -::	·
				84	City		FL	85 Zip	Code
SIGNATURI.	Signature: typed or publish name of registered eg OFFICERS AN	ID DIRECTORS	13.		nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TITLE	D CANTANOFI O IOCCOLI	☐ DELETE	1	TITLE				Change	Addition
NAME	SANTANGELO, JOSEPH 2385 N.W. 120TH LANE			NAME					
STREET ADDRESS	CORAL SPRINGS FL 33065		- 1		ADDRESS				
CHY-ST-ZIP TILLE	CONAL OF NINGS FL 3000	DELETE		CHTY-ST	1 - ZIP				
NAME				TITLE				Change	Addition
1 1441011		C) DECENT		TITLE				Change	☐ Addition
STREEL ADORESS	s 	ט אננונ	2.21	NAME	ADDRESS			Change	Addition
STREET ADDRESS	5	_ otten	2.2 M 2.3 S	name Street .	ADDRESS			Change	Addition
STREET ADDRESS CHY-ST-ZIP TITLE	5	DELETE	2.2 M 2.3 S 2.4 I	NAME	· 1			Change	
CHY-ST-ZiP		_	22 M 23 S 2 4 I 3 1 T	NAME STREET . CITY-S	· 1				
CHY-ST-ZIP TITLE		_	22 M 23 S 2 4 J 3 1 T 3 2 M	NAME STREET . CITY - S TITLE NAME	· 1				
CHY-ST-ZIP TITLE NAME		_] DELETE	22M 23S 24I 31T 32M 33S	NAME STREET . CITY - S TITLE NAME	ADORESS			Change	Addition
CHY-ST-ZiP THEE NAME STREET ADDRESS		_	22M 23S 24I 31T 32M 33S 34.	NAME STREET : CITY-S TITLE NAME STREET	ADORESS				Addition
CHY-ST-ZiP Tiff F NAME STREET ADDRESS CHY-ST-ZIP		_] DELETE	22M 23S 24 31T 32M 33S 34.4	name Street . City-s Title Name Street City-s	ADORESS			Change	Addition
CHY-ST-ZIP TITE NAME STREET ADDRESS CHY-ST-ZIP TITLE	5	_] DELETE	22 M 23 S 2 4 I 31 T 32 M 3.3 S 3.4 . I 4.1 T	NAME STREET. CITY-S TITLE NAME STREET. CITY-S TITLE NAME	ADORESS			Change	Addition
CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THAE NAME STREET ADDRESS CHY-ST-ZIP	5	☐ DELETE ☐ DELETE	22M 23S 24J 31T 32M 3.3S 3.4.4 4.1T 4.2 4.3S 4.4.6	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	ADDRESS AT ZIP ADDRESS			Change	Addition
CHY ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	5	_] DELETE	22M 23S 24 31T 32M 3.3S 34.0 4.1T 4.2 4.3S 4.40 5.11	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS AT ZIP ADDRESS			Change	Addition
CHY ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME NAME	5	☐ DELETE ☐ DELETE	22M 23S 24I 31T 32h 33S 34.0 4.11 4.2 4.35 4.40 5.11 52H	NAME STREET. CITY-S TITLE NAME STREET. CITY-S TITLE NAME STREET. CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS T-ZIP T-ZIP			Change	Addition
CHY-ST-ZP THEF NAME SHEELADORESS CHY-ST-ZP THEF NAME STREELADORESS CHY-ST-ZP THEE NAME STREELADORESS	5	☐ DELETE ☐ DELETE	22M 23S 24I 31T 32h 33S 34.I 4.11 4.2 4.35 4.40 5.11 52N 53S	NAME STREET. CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP	5	DELETE DELETE	22M 23S 24 31T 32M 3.3S 34.0 4.1T 4.2 4.3S 4.40 5.11 52M 53S 546	NAME CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S CITY-S	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition Addition
CHY ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE TITLE	5	☐ DELETE ☐ DELETE	22M 23S 24I 31T 32h 33S 34.I 4.11 4.2 4.35 4.46 5.11 52M 53S 54G 6.11	NAME CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	5	DELETE DELETE	22M 23S 24I 31T 32h 33S 34.I 4.11 4.2 4.3S 4.40 5.11 52N 53S 540 6.11	NAME STREET. CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	Addition Addition
CHY-ST-ZP TITE NAME STREET ADDRESS CHY-ST-ZPP TIGH TITLE	5	DELETE DELETE	22M 23S 24 31T 32M 33S 34.1 4.1T 4.2 4.3S 4.40 5.11 52M 53S 6.11 62M 6.3S	NAME STREET. CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS			Change	Addition Addition

4. I 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, if 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 corpolation 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 chapted, or on an alreadment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47ANJEL 4/4/41 G54-7528468