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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000032509 (0) GOLDEN POOLS, INC. Principal Place of Business Mailing Address 6041 NW 44TH LANE 6041 NW 44TH LANE **COCONUT CREEK FL 33073** COCONUT CREEK FL 33073 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1993 05/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0408881 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s 199 032
Florida Statutes X Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDBERG, MICHAEL 6041 NW 44TH LANE 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33073** 8.3 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agen; and title it applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E) TITLE DPV DELETE 1.1 TITLE Change Addition NAME GOLDBERG, MICHAEL 1.2 NAME CR2E034 STREET ADDRESS **6041 NW 44TH LANE** 1.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 14 CITY - ST- ZIP TITLE DELETE DST 21 THILE Change Addition NAME GOLDBERG, DIANE 2.2 NAME STREET ADDRESS 6041 NW 44TH LANE 2.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 2 4 CITY - ST - ZIP TITLE DELETE 3 1 T1TLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY - ST - ZIP TITLE DELETE 51 DILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- 7IP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 3 if changed, or on an attachment with an address

Michael

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Goldberg

· President 7/196