

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 8:42

DOCUMENT # P93000059943 (9)

1. Corporation Name

J & L POOLS, INC.

Principal Place of Business

**100 WEST CYPRESS CREEK RD.
#700
FORT LAUDERDALE FL 33309**

Mailing Address

**100 WEST CYPRESS CREEK RD.
#700
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

08/18/1994

4. FEI Number

65-0431681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1787 PRIMROSE LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 1787 PRIMROSE LANE

Suite, Apt. #, etc.

City & State

23 WELLINGTON, FL

Zip

24 33414

Country

25 PALM BCH

City & State

28 WELLINGTON, FL.

Zip

29 33414

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

**DEROSS, JOSEPH R
1787 PRIMROSE LANE
WELLINGTON FL 33414**

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 renaming)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEROSE, JOSEPH H
STREET ADDRESS	1787 PRIMROSE LN
CITY - ST - ZIP	WELLINGTON FL
TITLE	V
NAME	DEROSS, LINDA R
STREET ADDRESS	1787 PRIMROSE LN
CITY - ST - ZIP	WELLINGTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	DEROSS, JOSEPH R	
1.3 STREET ADDRESS	1787 PRIMROSE LANE	
1.4 CITY - ST - ZIP	WELLINGTON, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(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 oath, that I am an officer or director of the corporation 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 changed, or on an attachment with an address.

SIGNATURE: Joseph R. Deros Pres. **Joseph R Deros** 3-20-95 (407)795-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number