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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000061945 (0)

1. Corporation Name
ALL AMERICA POOLS, INC.



Principal Place of Business
7198 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952
US 6008 Citrus Ave
FT Pierce FL 34982
US

Mailing Address
6008 CITRUS AVENUE
FT PIERCE FL 34982-3332
US

3. Date Incorporated or Qualified 08/30/1993
3a. Date of Last Report 07/05/1996
4. FEI Number 65-0439995
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 6008 Citrus Ave
Suite, Apt. #, etc.
22
City & State
23 FT. Pierce FL
Zip
24 34982
Country
25 St Lucie
2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28 at left
Zip
29
Country
30

9. Name and Address of Current Registered Agent
HILAIRE, GEOFFROY P
6008 CITRUS AVENUE
FT. PIERCE FL 34982

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 607.1505, 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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE *Geoffroy P. Hilaire* Geoffrey P. Hilaire, President 010997
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
HILAIRE, GEOFFROY P
6008 CITRUS AVE
FT PIERCE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HILAIRE, GEOFFROY P
6008 CITRUS AVE.
FT PIERCE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
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

14. 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. I further certify that the information indicated on this annual report or supplementary 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 or person 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 added to the attachment with my address.

SIGNATURE: *Geoffroy P. Hilaire* 010997 81410600

CR2E034 (9/96)