FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067165 (9)

1. Corporation Name

BAHAMA POOLS, INC.

Principal Place of Business	Mailing Address
2153 N.E. 63RD ST. FT. LAUDERDALE FL 33308	2153 N.E. 63RD ST. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0441130 — ☐ 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	2a. Mailing Address
21	26 6278 N. FEDERAL HWY
Suite, Apt #, etc 22	Suite, Apt #, etc 27 # 320
City & State 23	City & State 28 FT. LAUD., FL
Zip 24 / Country 25	Zip 29 33308 / Country 30 USA

9. Name and Address of Current Registered Agent

MAURER, JILL E.
2153 NE 63 STREET
FT LAUDERDALE FL 33308

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 reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	MAURER, JILL	1.2 NAME	JILL E. MAURER
STREET ADDRESS	2153 N.E. 63 STREET	1.3 STREET ADDRESS	2153 NE 63 ST.
CITY ST ZIP	FT. LAUDERDALE FL 33308	1.4 CITY ST ZIP	FT. LAUDERDALE, FL 33308
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MAURER, JILL	2.2 NAME	
STREET ADDRESS	2153 N.E. 63 STREET	2.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33308	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	SAMMY KAPLETA
STREET ADDRESS		3.3 STREET ADDRESS	2153 NE 63 ST
CITY ST ZIP		3.4 CITY ST ZIP	FT. LAUDERDALE, FL 33308
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 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 status in Section 119.07(3)(i), 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: JEM President — 4/25/95 — 305-776-9829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0213822 CP