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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000081154 (5)

1. Corporation Name

ALEXANDER'S POOL SERVICE, INC.

Principal Place of Business

321 N CONGRESS AVE  
DELRAY BCH FL 33445  
US

Mailing Address

P O BOX 7885  
DELRAY BEACH FL 33482-7885  
US

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3220862

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEY, RAYMOND M ESQUIRE  
2632 NW 43RD ST,  
SUITE A102  
GAINESVILLE FL 32606

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 | NAME            | STREET ADDRESS | CITY-ST-ZIP   | <input type="checkbox"/> DELETE |
|-------|-----------------|----------------|---------------|---------------------------------|
| P     | HELISH, MICHAEL | 4704 CANAL DR  | LAKE WORTH FL | <input type="checkbox"/>        |
| ST    | HELISH, LIGIA   | 4704 CANAL DR  | LAKE WORTH FL | <input type="checkbox"/>        |
|       |                 |                |               | <input type="checkbox"/>        |
|       |                 |                |               | <input type="checkbox"/>        |
|       |                 |                |               | <input type="checkbox"/>        |
|       |                 |                |               | <input type="checkbox"/>        |
|       |                 |                |               | <input type="checkbox"/>        |

| 1.1 TITLE | 1.2 NAME       | 1.3 STREET ADDRESS  | 1.4 CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------------|---------------------|------------------------|---|
| P         | Michael Helish | 4555 Pinetree Drive | Delray Beach, FL 33445 | <input type="checkbox"/>  |
| ST        | Ligia Helish   | 4555 Pinetree Drive | Delray Beach, FL 33445 | <input type="checkbox"/>  |
|           |                |                     |                        | <input type="checkbox"/>  |
|           |                |                     |                        | <input type="checkbox"/>  |
|           |                |                     |                        | <input type="checkbox"/>  |
|           |                |                     |                        | <input type="checkbox"/>  |
|           |                |                     |                        | <input type="checkbox"/>  |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/97

Date

Daytime Phone #

CR2E034 (9/96)