FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OSTATE

Sandra B. Mortha

Secretary of State DIVISION OF CORPORA ONS

DOCUMENT # P9400002013 (8)

BLUE LAGOON POOL SUPPLY, INCORPORATED

**FILED** Jan 30 1997 8:00am Secretary of State



Principal Place of Business		Mailing A	Mailing Address				i desis adila i	1811 80191	II DAN TILL IA EL
3895 LAKE EMMA RD LAKE MARY FL 32746			3895 LAKE EMMA RD LAKE MARY FL 32746-3342						
						3. Date incorporated or Qualified 01/10/1994	3a. Dat	of Las	
2. Principal File	ace of Business	2a. Mailir	ng Address		····	4. FEI Number	¥:3/3	<u> </u>	Applied For
21		26				59-3219987			Not Applicable
Suite, Apt #	#, etc.	Suite,	, Apt. #, etc.		<del>}</del>	5. Certificate of Status Desired	[5]	\$8.7	5 Additional
22		27				5. Certificate of Status Desired	رجا	Fee	Required
City & State	9	City 8	ß State		,	6. Election Campaign Financing	f		May Be
23		28		т		Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zip		Cour	y	8. This corporation has liability for i			r s. 199.032,
24	25 Name and Address	29 of Current Registered	Agent	30		Florida Statutes  10. Name and Address of New Re	Yes		
		Of Current Negratered	Agent		Name	10. Name and Address of New Ac	Aistainn u	April	
2500	IAWER, JOSEPH O W LAKE MARY BLVD TE 212A					fress (P.O. Box Number is Not Acceptab	ole)		
	E MARY FL 32746				<b>3</b>				
				1	City		C1	85 Z	ip Code
11. Pursuant t	to the provisions of Section egistered agent, or both, in	is 607.0502 and 607.150 i the State of Florida, Sud	18, Florida Statu ch change was	ites, the at authorized	ve-named corpora	poration submits this statement for the pation's board of directors. I hereby access	ourpose of pt the appo	changin Intment	g its registered as registered
agent. Far	m tamiliar with land accept	t the obligations of, Secti	1011 007,0303, F	riorida Stat					
agent. Far SIGNATURE	m familiar with and accept			OTE: Registered		uired when reinstaling)	DATE		
agent. Far SIGNATURE	m familiar with and accept		able (NC			ured when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECT	
agent. Far SIGNATURE	m familiar with and accept Signature, typed or proted name of  OFFI  D	registered agent and title if applica	able (NC	OTE: Registere				DIRECT	
agent. Far SIGNATURE 12,	m familiar with and accept Signature, typed or proted name of OFFI D HOPE, KATHLEEN	registered agent and title I applica ICERS AND DIRECTORS	able (NC	OTE: Registere					
agent. Far SIGNATURE  12. TITLE	m familiar with and accept Signature, typed or printed name of OFFI D HOPE, KATHLEEN 218 SHADY OAKS C	registered agent and title II applica CERS AND DIRECTORS	able (NC	OTE: Registere 13.					
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agent. Far SIGNATURE  12. TILLE NAME STREET ADDRESS	m familiar with and accept Signature, typed or printed name of OFFI D HOPE, KATHLEEN 218 SHADY OAKS C	registered agent and title II applica CERS AND DIRECTORS	able (NC	13. 1.1 TI 1.2 N 1.3 S	gent eigneture requ				ge Addition
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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 open an attachment with an address.

SIGNATURE:

## - FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: \_



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 335214

(3)

E.R. BROWNELL & ASSOCIATES, INC.

Principal Place of Rue	ivere	Mailing A	Adrage					
Principal Place of Business Mailing Address 3152 CORAL WAY 3152 CORAL WAY MIAMI FL 33145 MIAMI FL 33145-3210								
						3. Date incorporated or Qualified 09/18/1968	3a. Date of Last I 01/29/1996	Report
2. Principal Place of £	Business	2a, Mailin	g Address		***************************************	4. FEI Number 59-1219981		Applied For lot Applicable
Suite Apt. #, etc	A STATE OF THE STA	h1	Apt. #, etc.		P-041244-1-2-4-4	5. Certificate of Status Desired	\$8.75	Additional
City & State		27 City 8	State		<del> </del>	6. Election Campaign Financing	<del></del>	Required  May Be
23		28				Trust Fund Contribution		I to Fees
Zip	Country	Zıp		Count	У	8. This corporation has liability for		s. 199.032,
24 O N	25 ame and Address of Curr	29 ent Registered A	Anent	30	·	Florida Statutes  10. Name and Address of New Re	Yes No	
LOPEZ, AN		unt riogistered r	- Bour	8	l Name	ID. Name and Addiose of New No	Alatolog whole	
3152 CORA				8	Street Ado	dress (P.O. Box Number is Not Acceptate	ale)	
MIAMI FL 3	3145					indes (1.0. Dox Homber is Not Acceptat		
				8				
				8-	City		FL 85 Zip	Code
SIGNATURE.	d agent, or both, in the Sta ar with, and accept the obtaining the provider of					poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	pt the appointment a	s registered
12.	~~~~	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TITLE D	** ***		DELETE	1.1 TITLE			☐ Change	☐ Addition
0150	Z, MARTA Coral Way			1.2 NAMI				
MARA					ET ADDRESS			
TITLE AS	11 1 12		DELETE	1.4 CITY 2.1 TITLE			Change	Addition
•	WNELL, BLANCHE P			2.2 NAM				
OT TOO TOO THE CASE	CORAL WAY			23 STRE	ET ADDRESS			
CITY-ST-ZIP MIAM	I FL			2 4 CITY				
TITLE VP	ENBOSCHE, AUGUST		☐ DELETE	3.1 TITLE			Change	Addition
	CORAL WAY			3.2 NAM6	ET ADDRESS			
CITY-ST-ZIP MIAM				3.4 CITY				
TITLE VDE		<del></del>	DELETE	4.1 TITLE		···	☐ Change	Addition
	WNELL, THOMAS P.			4. 2 NAM	E			
MAN	CORAL WAY			4.3 \$TRE	ET ADDRESS			
O111 31 20	FL	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY			FT 65	Addition
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	CORAL WAY				ET ADDRESS	•		
CITY-ST-ZIP MIAM				5.4 CITY				
TITLE DP			DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
	z, angel			6.2 NAM				
	CORAL WAY			6.3 STRE	ET ADDRESS			
City-St-7iP MIAM		الله منطق طفيي المصل	a door not man	6.4 CITY		d in Contine 110 07/0VB Pt-14- Contin	4 d. mal	
information indica Lam an officer or	ited on this annual report of director of the corporation	r supplemental a or the receiver o	nnual report is	true and acc vered to exe	curate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as it made u	nder oath: that
appears in Block	12 or Block 13 if changed,	or on an attachn	neχit with an ad	aress.				

January 23, 1997 (305)446-3511