

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043938 (7)

1. Corporation Name

SHARPER POOLS SERVICE, INC.



Principal Place of Business

10 MISTY MEADOW DR.
BOYNTON BEACH FL 33462

Mailing Address

10 MISTY MEADOW DR.
BOYNTON BEACH FL 33462

3. Date Incorporated or Qualified
06/13/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business
21 6012 ROYAL BIRKDALE DR
Suite, Apt. #, etc.

2a. Mailing Address
26 6012 ROYAL BIRKDALE DR
Suite, Apt. #, etc.

4. FEI Number
65-0502035
Applied For
Not Applicable

22 LAKE WORTH, FLORIDA
City & State

27 LAKE WORTH, FLORIDA
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 LAKE WORTH, FLORIDA
Zip

28 LAKE WORTH, FLORIDA
Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33463
Country

29 33463
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHARPS, MARK
10 MISTY MEADOW DR.
BOYNTON BEACH FL 33462

81 Name SCHARPS, MARK
82 Street Address (P.O. Box Number is Not Acceptable)
6012 ROYAL BIRKDALE DR
83
84 City LAKE WORTH FL 85 Zip Code 33463

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 registering)

DATE

MARK SCHARPS - 4-24-96

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHARPS, MARK
STREET ADDRESS	10 MISTY MEADOW DR.
CITY - ST - ZIP	BOYNTON BEACH FL 33462
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHARPS MARK
1.3 STREET ADDRESS	6012 ROYAL BIRKDALE DR.
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33463
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHARPS

Date

4/24/96

Daytime Phone #

(407) 965-3328

CR2E034 (12/95)