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 # P94000071506 (7)

1. Corporation Name
CUSTOM CARE POOL INC.

Principal Place of Business
335 FRIARS CIRCLE
LAKE MARY FL 32746

Mailing Address
335 FRIARS CIRCLE
LAKE MARY FL 32746

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3270137 ☐ 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
21 118 Middle Street
22 Suite, Apt. #, etc. #3
23 City & State: Lake Mary FL
24 Zip: 32746
25 Country:

2a. Mailing Address
26 P.O. Box 953
27 Suite, Apt. #, etc.
28 City & State: Lake Mary
29 Zip: 32795-3304
30 Country:

9. **Name and Address of Current Registered Agent**

GORDON, HARRY
335 FRIARS CIRCLE
LAKE MARY FL 32746

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] (Signature of Registered Agent) — DATE 5-1-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GORDON, HARRY		1.2 NAME	Gordon Harry	
STREET ADDRESS	335 FRIARS CIRCLE		1.3 STREET ADDRESS	335 Friars Circle	
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		☐ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME			2.2 NAME	Jacqueline Gordon	
STREET ADDRESS			2.3 STREET ADDRESS	335 Friars Circle	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		☐ DELETE	3.1 TITLE	VP.	☐ Change ☑ Addition
NAME			3.2 NAME	Ron Kociolek	
STREET ADDRESS			3.3 STREET ADDRESS	2141 Halifax Dr	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Daytona Beach 32124	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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5-9-96

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] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5/1/96 Date — Daytime Phone #

CR2E034 (12/95)