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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090576 (7)

BLUE MARLIN POOLS OF BREVARD, INC.

Principal Place of Business Mailing Address 395 PINEDA COURT 395 PINEDA COURT MELBOURNE FL 32940-7508 MELBOURNE FL 32940-7508 3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1994 02/05/1996 2. Principa: Prace of Business 2a. Mailing Address FEI Number Applied For 59-3285190 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes ☐ No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NICOL, ANN Same 184 BLUE FISH PLACE Address (P.O. Box Number is Not Acceptable) 82 198 Turtle Place ROCKLEDGE FL 32955 **B3** Rockledge 84 Zip Code 32955 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 proted name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1.1 TITLE TITLE RICHTER, MARK 12 NAME NAME 103 N OSCEOLA DR 1.3 STREET ADDRESS STREET ADDRESS IND HAR BCH FL CITY-ST-ZIP 1,4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE GREEN, ELAINE 2.2 NAME NAM? 3009 PARK VILLAGE WAY STREET ADDRESS 2.3 STREET ADORESS **MELBOURNE FL 32935** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE FOSTER, JOHN 3.2 NAME NAMI 146 GENOA ST 3.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BCH FL 32937 3.4. CITY - ST - ZIP CITY-SI DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1-ZIP Addition DELETE 5 1 TITLE Change TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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

5.4 CITY-ST-ZIP

SIGNATURE

appears in Block 12 or B

NAME

TITLE

NAM:

STREET ADDRESS

STREET ADDRESS CITY - S1 - ZiP

CITY - ST - ZIF

Ann Nicol

DELETE

1-15-97

407-259-1233

Change

0105194

Addition

CR2E034

FILED

Jan 22 1997 8:00am

Secretary of State