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 # **P95000003557 (2)**

1. Corporation Name

ELITE POOLS, INC.

Principal Place of Business

14571 WOOD PINE DRIVE
DELRAY BEACH FL 33445

Mailing Address

14571 WOOD PINE DRIVE
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: **01/13/1995**

3a. Date of Last Report: ~~#~~ unknown

2. Principal Place of Business
21 1190 Sea Grape Circle
Suite, Apt. #, etc.
22 B
City & State
23 Delray Bch, FL
Zip
24 33445
25 Country USA

2a. Mailing Address
26 1190 Sea Grape Circle
Suite, Apt. #, etc.
27
City & State
28 Delray Bch FL
Zip
29 33445
30 Country USA

4. FEI Number: 65-0550610 — 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

9. Name and Address of Current Registered Agent

WIHR, CENA
5088 ALENCIA COURT
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: Cena Wihr
82 Street Address (P.O. Box Number is Not Acceptable): 1190 Sea Grape Circle
83
84 City: Delray Bch FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 607.0505 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: PABLO TORRES, PRESIDENT — DATE: 3/20/96

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TORRES, PABLO
STREET ADDRESS	14571 WOOD PINE DRIVE
CITY - ST - ZIP	DELRAY BEACH FL 33445

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP — ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP — ☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

13.1 TITLE: PRESIDENT (P)
13.2 NAME: PABLO TORRES
13.3 STREET ADDRESS: 1190 Sea Grape Circle
13.4 CITY - ST - ZIP: Delray Bch FL 33445

☐ Change ☐ Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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 — Date: 3/20/96 — Daytime Phone #: (407) 4993225

CR2E034 (12/95)