

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000041479 (3)**

1. Corporation Name
SAWGRASS POOLS AND REPAIRS, INC.



Principal Place of Business: **3245 NW 103 TERRACE CORAL SPRINGS FL 33065**
Mailing Address: **3245 NW 103 TERRACE CORAL SPRINGS FL 33065**

2. Principal Place of Business: 21 Subj. Apt. # etc., 22 City & State, 23 Zip, 24 Country
2a. Mailing Address: 26 Subj. Apt. # etc., 27 City & State, 28 Zip, 29 Country

3. Date Incorporated or Qualified: **05/26/1995**
3a. Date of Last Report
4. FLI Number: **650615374**
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
**MOSMAN, JOHN D
3245 NW 103 TERRACE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0900 and 607.1515, 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 607.060, Florida Statutes.

SIGNATURE _____ Title: Registered Agent (Please type name and title) _____ Date: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D**
2. NAME: **MOSMAN, JOHN D**
3. STREET ADDRESS: **3245 NW 103 TERRACE**
4. CITY, STATE, ZIP: **CORAL SPRINGS FL 33065**
5. TITLE: DELETE
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. TITLE: DELETE
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, STATE, ZIP: _____
13. TITLE: DELETE
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, STATE, ZIP: _____
17. TITLE: DELETE
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, STATE, ZIP: _____
5. TITLE: Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. TITLE: Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, STATE, ZIP: _____
13. TITLE: Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, STATE, ZIP: _____
17. TITLE: Change Addition
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY, STATE, 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 assignee 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 a statement with an address.

SIGNATURE *John D. Mosman* **JOHN D. MOSMAN** *Feb. 10 1996* (954) 345-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

R2E034 (12/95)