

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 # P95000059431 (3)

1. Corporation Name

POOL BALANCE, INC.



Principal Place of Business

3109 STIRLING RD  
#201  
FT LAUDERDALE FL 33312

Mailing Address

3109 STIRLING RD  
#201  
FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0609527

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

29

25

29

30

9. Name and Address of Current Registered Agent

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

CHAUVIER, DANIEL  
3109 STIRLING RD  
#201  
FT LAUDERDALE FL 33312

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 the address

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
CHAUVIER, DANIEL  
3109 STIRLING RD #201  
FT LAUDERDALE FL 33312

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Add on

2. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

3. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

4. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Add on

5. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

6. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

500001804185  
05/02/96--01013--001  
\*\*\*400.00

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

Daytime Phone #

DANIEL CHAUVIER 4/23/96 954 8468300

CR2E034 (12/95)