

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060282 (7)

1. Corporation Name

POOL AND BARBEQUE PEOPLE, INC.



Principal Place of Business

Mailing Address

4056 SW 8 STREET
PLANTATION FL 33317

4056 SW 8 STREET
PLANTATION FL 33317

2. Principal Place of Business

2a. Mailing Address

21 1819 S University Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33317

25 Broward

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/04/1995

N/A

4. FCI Number

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

10. Name and Address of New Registered Agent

MURFEY, CINDY
4056 SW 8 STREET
PLANTATION FL 33317

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 607.1506, 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

Cindy Murfey
Signature of person providing information and agent for this corporation

Cindy Murfey
Signature of Registered Agent's future approval and acceptance

1-16-96
(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS MURFEY, CINDY
CITY-ST-ZIP 4056 SW 8 STREET
PLANTATION FL 33317

11 TITLE ☐ Change ☐ Addition
12 NAME P
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MURFEY, HENRY
CITY-ST-ZIP 4056 SW 8 STREET
PLANTATION FL 33317

21 TITLE ☐ Change ☐ Addition
22 NAME V P
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MURFEY, MARY JANE
CITY-ST-ZIP 4056 SW 8 STREET
PLANTATION FL 33317

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
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:

Cindy Murfey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96
(Date)

954-522-1522
(Telephone Number)

CR2E034 (12/95)