Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060943

1. Corporation Name

CHAMP'S FAMILY POOLS, INC. Mailing Address Principal Place of Business 4171 NW 44 COURT 4171 NW 44 COURT LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 3. Date Incorporated or Qualifed 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0599904 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 27 22 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCINTOSH, THEOLA D Street Address (P.O. Box Number is Not Acceptable) 82 4171 NW 44 COURT LAUDERDALE LAKES FL 33319

May 17, 1999 8:00 am Secretary of State

05-17-1999 90094 006 ***150.00



DO NOT WRITE IN THIS SPACE

Signature, lyed or printed name of registered agent and yttle if applicable. NOTE Registered Agent signature required when remindating) SUPE SUPER		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent alignment and steer appointment as registered agent alignment. Profiled Statutes. Common		·		84	City		FL	85 Zip C	ode
Signature, lyed or printed name of registered agent and yttle if applicable. NOTE Registered Agent signature required when remindating) SUPE SUPER	office of re	egistered agent or both in the State of Florida.	Such change was au	tnonzed by	the corporation	oration submits this statement for the on's board of directors. I hereby acc	ne purpose of open the appointment of the appointme	changing its r tment as reg	egistered istered
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	14. I hereby o	certify that the information supplied with this filing	does not qualify for	the exempt	ion stated in S	Section 119.07(3)(i), Florida Statute:	s. I further cert s if made unde	ify that the in r oath: that I	iformation 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, with all other like empowered.

SIGNATURE: