

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000077502 (9)**  
1. Corporation Name  
**AMBIANCE POOL SERVICE, INC.**



Principal Place of Business <b>228 N.E. 3RD STREET CRYSTAL RIVER FL 34428</b>	Mailing Address <b>P.O. BOX 519 CRYSTAL RIVER FL 34423-0519</b>
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3. Date Incorporated or Qualified <b>10/10/1995</b>	3a. Date of Last Report <b>12/02/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-3336784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**IRIZARRY, LENORAH  
228 N.E. 3RD ST.  
CRYSTAL RIVER FL 34428**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRIZARRY, MARCIAL</b>	
STREET ADDRESS	<b>3930 E. LAGUNA LOOP</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRIZARRY, LENORAH R</b>	
STREET ADDRESS	<b>3930 E. LAGUNA LOOP</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARCIAL IRIZARRY</b>	
1.3 STREET ADDRESS	<b>228 N.E. 3RD ST. P.O. BOX 519</b>	
1.4 CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34423-0519</b>	
2.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LENORAH R. IRIZARRY</b>	
2.3 STREET ADDRESS	<b>228 N.E. 3RD ST. P.O. BOX 519</b>	
2.4 CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34423-0519</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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: *Marcial Irizarry* 3/10/97 202-563-0832

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 16, 1997

AMBIANCE POOL SERVICE, INC.  
P.O. BOX 519  
CRYSTAL RIVER, FL 34423-0519

SUBJECT: AMBIANCE POOL SERVICE, INC.  
Ref. Number: P95000077502

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

List the street address of each officer/director in block 12 or 13. If the officer or director does not have a street address, list the mailing address and write (N/A).

**TO AVOID THE \$385.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 297A00019375

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