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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

P95000078655 (4)

DOCUMENT #

1. Corporation Name SEA KLEAR POOLS, INC.

SEA KL	EAR POOLS, INC.						
Principal Place of	Business	Maling Address			F (##1(##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1 ##1		
2827 NORTHEAST 15TH STREET 2827 NORTHEAST 15							
POMPANO BI	EACH FL 33062	POMPANO BEAC	H FL 33002		3. Date incorporated or Qualified 10/09/1995	3a. Date	of Last Report
A. Dona and Bloo	o of Business	2a. Mailing Address			4. FEI Number		Applied For
Principal Place of Business 21		26	10.7		65-0615114	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	LÌ	\$8.75 Additional Fee Required	
22		27			6. Election Campaign Financing		\$5.00 May Be
City & State		Gity & State			Trust Fund Contribution		Added to Fees
Zio Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
Ζιρ 24	25	29	30		Florida Statutes XYes	; ∐No	
	g. Name and Address of Curr			T	10. Name and Address of New I	registered	egent
			81	1			
OLORTEGUI, NEY			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
	ORTHEAST 15TH STREET		83	 			
POMPA	NO BEACH FL 33062		<u> </u>				85 Zip Code
			84	,	oration submits this statement for the pu and of directors. Thereby accept the app	FL	, -
tamiliar witi	n, and accept the obligations of Si Spilatze Spiled or betein artifactories a	est matter supmann. AND DIRECTORS	Natis Registered Ap.		oration submits this statement for the parameter for the parameter of directors. Thereby accept the apparament is a complete the second of the parameter of the	(IAIL FICERS AND	·· ·- ·-
TITLE	D	DEFELF		ļ			
NAME	OLORTEGUI, NEY	ATREET	1.2 NAME	i	-		
STREET ADDRESS	2827 NORTHEAST 15TH		1.3 STMEE 1.4 CHTY	LADDRESS SET THE			
CITY ST-ZIP	POMPANO BEACH FL 33	DELETE					Change 🔲 Addition
TIFLE		C1	22 NAME				
NAME STREET ADDRESS			2.3 \$1981	ET ADORESS			
C:FY-ST-ZiP			2.4 City	SI - ZIF			Change Addition
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NAME			3.2 NAMI				
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CITY-ST-ZIP				\$! -7iP			Change Addition
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NAME			6.2 NAN				
CTOCCT ADGRESS	1		635[4	EET ADORESS			

SIGNATURE:

STREET ADDRESS

NIT Ney Cortequi

14. If do hereby certify that the information supplied vern 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 supplied error around report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of that 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 chapter, or on an attachment with an address