

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

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000087165 (3)**

1. Corporation Name  
**CERTIFIED POOL SERVICES, INC.**



Principal Place of Business <b>699 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020-5421</b>	Mailing Address <b>699 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020-5421</b>
--	--

3. Date Incorporated or Qualified <b>11/14/1995</b>	3a. Date of Last Report <b>07/02/1996</b>
--	--

2. Principal Place of Business 21 <b>500 BAYVIEW DRIVE</b> Suite, Apt. #, etc. 22 <b># 220</b> City & State 23 <b>NO. MIAMI BEACH FL</b> Zip 24 <b>33160</b>	2a. Mailing Address 26 <b>500 BAYVIEW DRIVE</b> Suite, Apt. #, etc. 27 <b># 220</b> City & State 28 <b>NO. MIAMI BEACH FL</b> Zip 29 <b>33160</b> Country 30 <b>USA</b>
---	--

4. FEI Number <b>65-0629278</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**YABUN, ARNOLD  
699 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020-5421**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT G. KLEIN, CPA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2800 SW 1st Street Bldg. 1</b>
83 Suite <b>SUITE 2G</b>
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33433</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/20/97**

12. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/> DELETE	NAME <b>GOLD, LAURENCE M</b>	STREET ADDRESS <b>500 BAYVIEW DR. #220</b>	CITY-ST-ZIP <b>N MIAMI BEACH FL 33180</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
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
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: *[Signature]* **LAURENCE M. GOLD** X **4-4-97** X **305-354-7430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/96)