FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000088460 (7)**

1. Corporation Name

BEST POOLS OF PALM BEACH, INC.

Principal Place of Business
14743 76TH RD N
LOXAHATCHEE FL 33470

Mailing Address
14743 76TH RD N
LOXAHATCHEE FL 33470

2. Principal Place of Business
21
Suite Apt #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite Apt #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: 11/16/1995

3a. Date of Last Report: 0

4. FEI Number: 65-0622115 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Does corporation owe fees and taxes under s. 199.032 Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DIGIOVANI, URSULA
14743 76TH RD N
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

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 Section 607.0501, 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 and the officer or director named below has agreed to act in this capacity. I further accept the appointment as registered agent and am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	ROBERT DIGIOVANI
STREET ADDRESS	14743 76RD. NO.
CITY ST ZIP	LOXAHATCHEE FL. 33470
TITLE	URSULA DIGIOVANI ☑ DELETE
NAME	14743 76th RD. N.
STREET ADDRESS	LOXAHATCHEE FL. 33470
CITY ST ZIP	
TITLE	SECY-TREAS-V. PRES. ☐ DELETE
NAME	URSULA DIGIOVANI
STREET ADDRESS	14743 76RD. NO.
CITY ST ZIP	~~LOXATCH~~ LOXAHATCHEE FL 33470
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	☐ Change ☐ Add
1 NAME	
1 STREET ADDRESS	
1 CITY ST ZIP	
2 TITLE	☐ Change ☐ Add
2 NAME	
2 STREET ADDRESS	
2 CITY ST ZIP	
3 TITLE	☐ Change ☐ Add
3 NAME	
3 STREET ADDRESS	
3 CITY ST ZIP	
4 TITLE	☐ Change ☐ Add
4 NAME	
4 STREET ADDRESS	
4 CITY ST ZIP	
5 TITLE	☐ Change ☐ Add
5 NAME	
5 STREET ADDRESS	
5 CITY ST ZIP	
6 TITLE	☐ Change ☐ Add
6 NAME	
6 STREET ADDRESS	
6 CITY ST ZIP	

CR2E034 (12/95)

14. For the purpose of [illegible] I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or other entity named in this report or any supplemental report 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 of this report or on any attachment with an asterisk.

SIGNATURE: Ursula Di Giovani — 5-17-96 — 753-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URSULA DIGIOVANI SECY TREAS 3-22-96