## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

P95000090237 (5) **DOCUMENT #** MORR POOLS, INC.

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Principal Place of Business Mailing Address					T FORMAND AND INCOME BUILDING BOOK IN	PRIS CONTO OFTER DOCK	90119 (1860 jirk) 1601 (60)
2041 SW 70 DAVIE FL 3	2041 SW 70TH AV DAVIE FL 33317	2041 SW 70TH AVENUE BAY D-5 DAVIE FL 33317					
					3. Date Incorporated or Qualified 11/28/1995	3a. Date of L.	ast Report
2. Principal Place of Business		2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
21		26	I		59-244/471		Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	¬		5. Certificate of Status Desired	\$8	8.75 Additional
Orty & State		27			S. Continuate of Status Desired		Fee Required
23		City & State	-a		6. Election Campaign Financing	\$	5.00 May Be
Zip	Country Zip C		Count		Trust Fund Contribution Added to Fees		
24	25	29	Counti	У	8. This corporation has liability for i		ders 199.032,
	9. Name and Address of Cur	rent Registered Agent	1301 I		Florida Statutes  Yes  10. Name and Address of New R		
			8	I Name	TO, TESTIO BITO ACCIESS OF NEW A	egistereo Agen	I
MORR, DAN							
	W 70TH AVENUE BAY D-5		8:	Street Add	Address (P.O. Box Number is Not Acceptable,		
DAVIE F	FL 33317		83	3			
			_				
			84	- 7		FL 85	
SIGNATURE	diagent, or both, in the State of Fig. and accept the obligations of Scientific transfer transfer productions of special agreement agree	ection 607.0505, Florida Statutes	j.		ration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing intraent as regist	its registered office ered agent. I am
12.		NO DIRECTORS	Tr. Registered Age	of signation regard		DATE	
TITLE	D DELETE 1		1 1 TUF	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	MORR, DAN	<del></del>	1.2 NAME	-		☐ Chai	nge 🔲 Addition
STREET ADDRESS 2041 SW 70TH AVENUE B		BAY D-5		I ADORESS			
CITY-ST-ZIP	DAVIE FL 33317		14 CHY-				
TITLE		☐ DELETE	2 1 TITLE			Char	nge 🗍 Addit an
NAME			2.2 NAME				ige   Notified
STREET ADDRESS			2.3 STREE	ADDRESS			
CHY+ST-ZIP			2.4 CITY - 5	S( - Z)P			
TITLE		DELETE	3 1 TITLE			☐ Char	nge Addition
NAME			3.2 NAME				
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THLE		☐ DELETE	3 4 CITY - S	11 - ZIP			
NAME		[] percic	4 1 THTLE			☐ Chan	ige 🔲 Addition
STREET ADDRESS			4.2 NAME				1
CITY - ST - ZIP			4 3 STHEET				ĺ
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NAME	<b> </b>		5.2 NAME		Change Add tion		
STREET ADDRESS			5.3 STREET	ADDRIES			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6 1 TOLE			Chan	ee
NAME			6.2 NAME			□ cusui	ge Addition
STREET ADDRESS			63 STREFT	ADDRESS			
CITY-ST-ZIP			64 City C	710			
<ol> <li>14. FOO hereby ce</li> </ol>	ertify that the information supplied	with this filma is voluntarily furnit	shed and does	not qualify fo	or the event of the event		

certify that the information indicated on this annual report or supplemental annual report or supplemental annual report of supplemental annual report of supplemental annual report of supplemental annual report of the annual report of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and report of the annual report of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 415.2/48