

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091662 (3)

1. Corporation Name

NU-STYLE POOLS INC.



Principal Place of Business

22119 ALTONA DRIVE
BOCA RATON FL 33428

Mailing Address

22119 ALTONA DRIVE
BOCA RATON FL 33428-4773

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

08/28/1996

4. FEI Number

APPLIED FOR 65-0690884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 12217 N.W 35TH ST.

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS FLORIDA

Zip

24 33065

Country

2a. Mailing Address

26 12217 N.W 35TH ST

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FLORIDA

Zip

29 33065

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

H. BRIAN OWENS

82 Street Address (P.O. Box Number is Not Acceptable)

22119 ALTONA DRIVE

83

84 City

Boca Raton

FL

85 Zip Code

33428

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

H. Brian Owens

4/2/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME OWENS, H. BRIAN
STREET ADDRESS 22119 ALTONA DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE V ☒ DELETE

NAME OWENS, PAULETTE A
STREET ADDRESS 22119 ALTONA DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE S ☐ DELETE

NAME BONNER, GARTH S
STREET ADDRESS 3389 SHERIDAN ST SUITE #160
CITY-ST-ZIP HOLLYWOOD FL 33021

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 IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VICE PRES.
JOHN CAIN

23149 SUFF RD.

BOCA RATON, FL. 33065

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address

SIGNATURE:

H. Brian Owens pres

4/2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)