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May 07 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 # P95000093785 (0)

1. Corporation Name

FANTASY POOLS OF SOUTH FLORIDA, INC.



Principal Place of Business

12278 SW 131 AVE
MIAMI FL 33186
US

Mailing Address

12278 SW 131 AVE
MIAMI FL 33186-0483
US

3. Date Incorporated or Qualified
12/11/1995

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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4. FEI Number
65-0631051

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

9. Name and Address of Current Registered Agent

CUNNINGHAM, WILLIAM
9921 JAMAICA DRIVE
CUTLER RIDGE FL 33189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12278 SW 131 AVE

83

84 City Miami FL 85 Zip Code 33186

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CUNNINGHAM, WILLIAM
STREET ADDRESS 9921 JAMAICA DRIVE
CITY-ST-ZIP CUTLER RIDGE FL 33189

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
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29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0251017

CR2E034 (9/96)