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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

JAN 30, 97

407-777-4117

Sandra B. Mortham

Secretary of State

1997

SIGNATURE:

DIVISION OF CORPORATIONS

TINAL TOUCH POOL REMODELING INC.  Principal Place of Business  404 TEMPLE STREET SATELLITE BEACH FL 32837  AUGUST SATELLITE BEACH FL 32837			235		
				3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
······	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# etc	Suite, Apt. #, etc.		59-3362760	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Po who	28		Trust Fund Contribution	Added to Fees
Ζην <b>24</b> ]	Country 25	Zιρ	Country	8. This corporation has liability for	
£4)	9. Name and Address of Curr	29 3 ent Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
FLAN	IDERS, DANIEL F		81 Name		
404 TEMPLE STREET			82 Street Add	ress (P.O. Box Number is Not Acceptal	nie)
SATELLITE BEACH FL 32937			<u> </u>	- Cos ( Cox resince is 110t Node) in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83		
<u>.</u>			84 City		FL 85 Zip Code
agent La	Signature, type 1 or printed name of registered i	gations of Section 607.0505, Flori gent and the Papplicable (NOTE	ida Statutes. Registered Agent signature requ		30-97.
TITLE	Pres.	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAM(	DANIEL FLANDERS	La State	1.2 NAME		t_ Change
STEFFT ADORESS	404 TEMPLE St. 5	atellite Buh.	1.3 STREET ADDRESS		
CITY: ST. ZIP	FIA. 329	37	1.4 CITY-ST-ZIP		
THEE			21 TITLE		Change Addition
NAME CONTRACTOR	James Slattery 135 S. Tropicalu FAA.	Morrit Tislaun	2.2 NAME		
STREET ADDRESS  CITY - ST - Zir	135 S. Tropically	Sales	2.3 STREFT ADDRESS		
TILE	1,77	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C TY+ST+ZiP			3.4. CITY-ST-ZIP		
TIBLE NISALE		☐ DELETE	4.1 TITLE		Change  Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	•	
CITY - ST - ZOP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ ,
STREET ADDRESS			5.3 STREET ADDRESS		
CINV- \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP		
TULE		L_I DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6 2 NAME		
CITY - ST-ZIP			6.3 STREET ADDRESS		
14. 1 do here!	by certify that the information suppli	ed with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Informatio Lanuari of	ti indicated on this annual report or	-supplemental annual report is trui or the receiver or trustee empower	e and accurate and that red to execute this repo	t my signature shall have the same legant as required by Chapter 607, Florida S	al affect as if made under eath: that