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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018749 (7)

AQUATIC POOLS ENTERPRISES, INC.

Principal Place of Business Mailing Address 14508 THORNFIELD COURT 14508 THORNFIELD COURT TAMPA FL 33624-2641 TAMPA FL 33624 3. Date Incorporated or Qualified 3a. Date of Last Report 02/29/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3363135 P.O. Box Not Applicable 21 272939 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 ampa Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 336 BA Yes No 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED Joseph W. Sims Street Address (P.O. Box Number is Not Acceptable) 14508 Thornfield Ct 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 Zip Code 33624 84 City Tampa 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, and accept the obligations of. Section 607,0305, Florida Statutes. name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change ☐ Addition DELETE TITLE 1.1 TITLE SIMS. JOSEPH W 1.2 NAME NAME 14508 THORNFIELD COURT 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CHY-SI-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SIMS, MARGARET M 2.2 NAME NAME 14508 THORNFIELD COURT STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 2 4 CITY-ST-ZIP CITY-ST-Zir DELETE Change Addition THE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CPTY - \$1 - 216 DELETE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 5 1 TITLE THIFF NAM: 5.2 NAME

> 5.3 STREET ADORESS 5.4 City-St-Zip

6.3 STREET ADDRESS 6.4 City-St-7IP

6.1 TITLE

6.2 NAME

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-SI-78

TITLE

GHATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/14/97

813-968-2656

Change

FILED

May 09 1997 8:00am

Secretary of State

0366045

Addition