

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

FILED
Mar 18 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 # P96000081117 (9)					
1. Corporation Name PENNINSULA POOLS, INC.					
Principal Place of Business 7802 N.W. 67 AVENUE TAMARAC FL 33321			Mailing Address 7802 N.W. 67 AVENUE TAMARAC FL 33321-4908		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	3a. Date of Last Report	
22	City & State	27	City & State	4. FLL Number 65 0697632	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
BERTOLAMI, JOSEPH 7802 N.W. 67 AVENUE TAMARAC FL 33321				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	President	Joseph P. Bertolami	7154 N. UNIVERSITY DR	1.1 TITLE ☐ Change ☐ Addition	
		TAMARAC FL 33331		1.2 NAME ☐ Change ☐ Addition	
				1.3 STREET ADDRESS ☐ Change ☐ Addition	
				1.4 CITY-ST-ZIP ☐ Change ☐ Addition	
				2.1 TITLE ☐ Change ☐ Addition	
				2.2 NAME ☐ Change ☐ Addition	
				2.3 STREET ADDRESS ☐ Change ☐ Addition	
				2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
				3.1 TITLE ☐ Change ☐ Addition	
				3.2 NAME ☐ Change ☐ Addition	
				3.3 STREET ADDRESS ☐ Change ☐ Addition	
				3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
				4.1 TITLE ☐ Change ☐ Addition	
				4.2 NAME ☐ Change ☐ Addition	
				4.3 STREET ADDRESS ☐ Change ☐ Addition	
				4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
				5.1 TITLE ☐ Change ☐ Addition	
				5.2 NAME ☐ Change ☐ Addition	
				5.3 STREET ADDRESS ☐ Change ☐ Addition	
				5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
				6.1 TITLE ☐ Change ☐ Addition	
				6.2 NAME ☐ Change ☐ Addition	
				6.3 STREET ADDRESS ☐ Change ☐ Addition	
				6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

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 if changed, or on an attachment with an address.

SIGNATURE *Joseph P. Bertolami* 2/5/97 (954) 254-1827

CR2E034 (9/96)