# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DÍVISION OF CORPORATIONS

### DOCUMENT # P9600088880 (5) MITCHELL ALLISON POOLS, INC.

# FILED Sep 18 1997 8:00am Secretary of State



8. Date Incorporated or Qualified   3e. Date of Last Report   10/28/1986   2. Principal Place of Business   2e. Mailing Actorioss   3e. Solit. April 4, etc.   5e. Centificate of Signus Desired   58.75. Additional Report   56. Centificate of Signus Desired   56. Centificate   56. Centificate of Signus Desired   56. Ce	Principal Place of Business Mailing Address 4667 ROTHSCHILD DRIVE 4667 ROTHSCHILD DRIVE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067						DO NOT WRITE		, , <b>, , , , , , , , , , , , , , , , , </b>		
21							10/28/1996	3a. Date o	f Last R	eport	
Suite, Apt. 4, etc.  22   27   Suite   Suite, Apt. 4, etc.  23   27   Suite	— ·	ace of Business	<del> </del> 7	SS			4. FEI Number		Ap	plied For	
227 Country 28 State Chip's State Country 28		W	<del></del>				65-0678152	<u> </u>	No.	t Applicable	a
28	22		27	tc.			5. Certificate of Status Desired	□ <b>\$</b>			
Zip   Country   Zip   Solid   Zip   Zip   Solid   Zip   Zi	<u> </u>	•					, -	$\overline{}$	•	•	
Section   Process   Proc		Coupley			unite: 4						4
Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   14687 ROTHSCHILD DRIVE   15	<del></del>	<b>├</b> ─ '		<b></b>	ntry		1			_ ~	
KLOMBERS, MITCHELL 4687 ROTHSCHILD DRIVE CORAL SPRINGS FL 33087  11. Pursuant to the provisions of Sociations 607 0502 and 607 1508, Floridal Statules, the address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sociations 607 0502 and 607 1508, Floridal Statules, the design of registered office or repetatored agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered difference or repetatored agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered difference or repetatored agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered difference or repetatored when renewal the registered agent agent of the corporation submits this statement for the purpose of changing its registered difference or repetatored by the corporation submits this statement for the purpose of changing its registered difference of the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered difference of the purpose of changing its registered differen				130	I					J 140	$\dashv$
4687 ROTHSCHILD DRIVE CORAL SPRINGS FL 33087  11. Pursuant to the provisions of Socitoris 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or repetitoring 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 office or repetitoring 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 office or repetitoring 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 of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered agent agent agent agent agent registered agent register register registered agent register registered agent register register registered agent register registered register registered register registered register registered register registered registered register registered register registered register registered registered register registered register registered registere	KLO	MBERS, MITCHELL			B1 N	Vame			-		┪
TIT. 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 in affertile with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in affertile with an accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in affertile with a state of Florida Statutes.  In the state of Florida Statutes and the Florida Statutes. I hereby accept the appointment as registered agent in affertile with a state of Florida Statutes.  In the state of Florida Statutes. I hereby accept the appointment as registered agent in a provision of the purpose of changing its registered of the purpose of changing its registered directors. I hereby accept the appointment as registered agent in a provision of the purpose of changing its registered of the purpose of changing its registered agent in a provision of the purpose of changing its registered agent in a provision of the purpose of changing its registered of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of changing its registered and in a provision of the purpose of cha					-	S					_
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 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, 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 in an familier with, and accept the obligations of, Socione 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or politic frame of registered agent and like if a price fails in MOTE Registered Agent agration required when reresulting)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  VILLE  VI	COF	RAL SPRINGS FL 33067				Street Addr	ress (P.O. Box Number is Not Acceptable	e)			4
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 in affairlier with, and accept the obligations of, Socions 607.0505, Florida Statutes.  SIGNATURE  Signature, upod or product raise of registered agent are dire in appointment as registered agent in affairlier with, and accept the obligations of, Socions 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  STREET ADDRESS 017Y-51-2P  KLOMBERS, MITCHELL 12 NAME  13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  VALUE 12 NAME  13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  VALUE 12 NAME  14. STREET ADDRESS 15. STREET ADDRE					[ ]						
SIGNATURE		<b>**</b>				•		₽Ŀ	1 '		
Signature- layer or private rational or regulated appear and late if applications   (NOTE: Feep stool appear a signature acquired when remaining)   DATE	Onice or re	e <b>giste</b> red agent, or both, in the State	e of Florida. Such change	e was authorize	n by th	amed corp e corporat	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of cha t the appointr	nging its nent as	s registered registered	
TITLE NAME STREET ADDRESS COPAL SPRINGS FL 33067  WILL STREET ADDRESS STREET A	SIGNATURE _										1
TITLE					d Agent s	ignature requir			FATAR	0.01.40	-1,
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP S KLOMBERS, PENNY 4687 ROTH-SCHILD DRIVE CORAL SPRINGS FL 33067  KLOMBERS, PENNY 4687 ROTH-SCHILD DRIVE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE DLLETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE DELETE 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE DELETE 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 55 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 56 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 57 NAME 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 58 STREET ADDRESS CITY-ST-ZIP TITLE DELETE TITLE DE		P			TI F		ADDITIONS/CHANGES TO OFFICE				. <b> </b> ₽
STREET ADDRESS   COPY - ST - 2P		KLOMBERS, MITCHELL						u	himili	L.J Addition	3
CORAL SPRINGS FL 33067		4667 ROTHSCHILD DRIVE				nress					ીશે
MAKE	1	CORAL SPRINGS FL 33067									ις
NAME   KLOMBERS, PENNY   4867 ROTHSCHILD DRIVE   23 SIREET ADDRESS   CITY-ST-ZIP   CORAL SPRINGS FL 33067   DELETE   31 TITLE   Change   Acdition   Acdi		-	DELE			"   -			Change	Addition	ᆟ
CITY-ST-ZIP	NAME			2.2 N/	AME			_	•		
DELETE   DELETE   3.1 TITLE   Change   Acdition     NAME   STREET ADDRESS   3.2 NAME     STREET ADDRESS   3.4 CITY-ST-ZIP     TITLE   DELETE   4.1 TITLE   Change   Addition     NAME   STREET ADDRESS   4.2 STREET ADDRESS     CITY-ST-ZIP   4.4 CITY-ST-ZIP     TITLE   DELETE   5.1 TITLE   Change   Addition     NAME   STREET ADDRESS   5.2 NAME     STREET ADDRESS   5.3 STREET ADDRESS     CITY-ST-ZIP   5.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   5.4 CITY-ST-ZIP     TITLE   DELETE   5.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   5.4 CITY-ST-ZIP     Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   SA STREET	STREET ADDRESS			2.3 \$1	REET ADD	ORESS					
NAME	CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4C	ITY-ST-Z	ZIP					
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE		☐ DELE	TE 3.1 TO	TLE				Change	Acdition	,
DELETE   3.4. CITY-ST-ZIP   TITLE   Change   Addition     NAME	NAME			3.2 NA	ME						
TITLE         DELETE         4.1 TITLE	STREET ADDRESS			3.3 ST	REET ADD	DRESS					
NAME	CHTY-ST-ZIP			3.4. C	TY-ST-Z	IP					
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP     TITLE	TITLE		☐ DELE	TE 4,1 TI	TLE		-		Change	Addition	7.
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         Change Addition           CITY-ST-ZIP         DELETE         6.1 TITLE         Change Addition           NAME         5.2 NAME         Change Addition         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         Change Addition	NAME .			4. 2 N	AME		•				
TITLE         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			4.3 ST	REET ADD	DRESS					-
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         ☐ DELETE         6.1 TITLE         ☐ Change         ☐ Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.5 STREET ADDRESS						P					
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	1		L DELE	4					Change	Addition	İ
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4	- 1										
TITLE         DFLETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME	i										; .
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           City-St-Zip         6.4 City-St-Zip			[] one			P				· • • • • • • • • • • • • • • • • • • •	1
STREET ADDRESS  CITY-SI-ZIP  6.3 STREET ADDRESS  6.4 CITY-SI-ZIP			LI DELE			1		(	hange		
CITY-SI-ZIP 64 CITY-SI-ZIP	ľ			P							
						Ī					
		cartify that the information supplies	d with this filing door not				in Caption 110 07(2)(i) Florida 02-1-1-	1 fromb == == '		<u> </u>	4

Information Indicated on the Innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earl; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or plock 18 if chapter 607 or on an attriction int with an address.

# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600088880 (5)

1. Corporation MITCH	ELL ALLISON POOLS, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	L NATIONAL ING SAMAR BERKERANG ARKIN ARKIN ARKIN ARKIN ARK	P1 10101 10101 10101 10111 0011 10 01
Principal Plac	ce of Business	Mailing Address			
4667 ROTHS	CHILD DRIVE VGS FL 33067	4667 ROTHSCHILD DRIV			
OUNAL OFFI	100 FL 30007	CORAL SPRINGS FL 330	067	DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 3s	Date of Last Report
2. Principal F	Place of Business	28. Mailing Address		10/28/1996 4. FEI Number	A wall and Fina
21		26		65-0698152	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible Yes  No
	9. Name and Address of Curren			10. Name and Address of New Registe	
	OMBERS, MITCHELL		81 Name		
	37 ROTHSCHILD DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CQ	RAL SPRINGS FL 33067				
			83		
			<b>84</b> City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1509. Florida Statu	tee the above named core	poration submits this statement for the surre	FL 8 210 Code
office or a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	in familiar with, and accept the obliga	Thors of, Section 607.0505, Pr	ionoa Statules.		
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable. (NO	TF: Registered Agent signature requi	red when reinstating) DA	TE .
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	KLOMBERS, MITCHELL	DELETE	1.1 TITLE		Change   Addition
NAME	4667 ROTHSCHILD DRIVE		1.2 NAME		
STREET ADDRESS	CORAL SPRINGS FL 33067		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	8	DELETÉ	1.4 C(TY-ST-Z(P		
NAME	KLOMBERS, PENNY	Lu DELEGE	2.1 7171.6		☐ Change ☐ Addition
STREET ADDRESS	4667 ROTHSCHILD DRIVE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067				
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Acdition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CiTY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELETE	6.1 TITLE		Change Addition

CITY-SI-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 innual 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 of fusiled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 78 if changed, or of an attriction in with an address.

6.2 NAME