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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

S01433

(9)

DOCUMENT #
1. Corporation Name

THE POOL PRESERVER, INC.

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Principal Place		Mailing Address						
P O BOX 5	5187 SE POINT FL 33074	P O BOX 5187 LIGHTHOUSE POIN	FT FL 33074					
ElGHHOOK	or i out it addi-i	20111100021011			3. Date Incorporated or Qualified	3a Date	of Last F	Report
					3. Date Incorporated or Qualified 09/20/1990	3a. Date	2/02/	1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0225478			Applied For	
1		26		00 0220410		A0 7	Not Applicab	
Suite, Apt. #	F, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.0	00 May Be
]		28			1 rust Fund Contribution			ed to Fees
Ziρ	Country	Zip	Country		8. This corporation has liability for i		cunder s	199.032,
	25	29	30			□ No		
	9. Name and Address of Current	Registered Agent		* I	10. Name and Address of New R	legistered A	gent	
VEDD!	/ L ETDOL COURDE		81	Name				
	/ L. EZROL, ESQUIRE E. COMMERCIAL BLVD.		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
SUITE			83					
	UDERDALE FL 33308						1	
			84	City		FL	85 2	'ıp Code
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or fire by 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 this composition or the receiver or trusted 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 this composition or the receiver or trusted 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 this composition or the receiver or trusted 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 this composition or the receiver or trusted 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 this composition or the receiver or trusted 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 this composition or the receiver or trusted annual report is true.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

4-29-91

305-781-6979