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May 14 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 # S01433 (9)

1. Corporation Name
THE POOL PRESERVER, INC.

Principal Place of Business

P O BOX 5187
LIGHTHOUSE POINT FL 33074

Mailing Address

P O BOX 5187
LIGHTHOUSE POINT FL 33074-5187



3. Date Incorporated or Qualified 09/20/1990
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0225478
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KERRY L. EZROL, ESQUIRE
3099 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

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 (Type or print name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EZROL, STEVEN	
STREET ADDRESS	7880 TRAVELERS TREE DR.	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EZROL, ARLENE	
STREET ADDRESS	7880 TRAVELERS TREE DR.	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EZROL, KEITH	
STREET ADDRESS	3703 COCOPLUM CIRCLE	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EZROL, SCOTT	
STREET ADDRESS	22479 MARTELLA AVE.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EZROL, STEVEN	
1.3 STREET ADDRESS	19903 DEAN DRIVE	
1.4 CITY - ST - ZIP	BOCA RATON, FL. 33434	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EZROL, ARLENE	
2.3 STREET ADDRESS	19903 DEAN DRIVE	
2.4 CITY - ST - ZIP	BOCA RATON, FL. 33434	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 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: *Steven Ezrol* STEVEN EZROL 4-30-97 954-781-6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)