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

**PROFIT CORPORATION ANNUAL REPORT** 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$17080

(0)

Mailing Address

SUPER POOL MAN CLEANER, INCORPORATED

**FILED** May 13 1997 8:00am Secretary of State

904 DELANEY CIR. APT, 103	P.O. BOX 454 BRANDON 33 33509-0454					
BRANDON 33 33511	US					
US			<ol> <li>Date Incorporated or Qualified 11/27/1990</li> </ol>	3a. Date of Last Report 08/07/1996		
2. Principal Place of Bu	isiness 2a. Mailing Address	25	4. FEI Number	Applied For		
27 11239 ANDY DR 26 POBOY 484			59-3046994	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23 Kiyerview, FL 28 BRANDON PL			Trust Fund Contribution	Added to Fees		
Zip Country Zip Country 8. This corporation has liability for intendible tay under a 199 0						
24 33569. 25 HINSPRIMED 3351 30 HINS SUPPLIED THAT SHADING THE SHA						
PICKETT, VII	DAII W	B1 Name	Λ			
2935 FOLKL			. Pickett, Vi	RVIL W		
VALRICO FL			ddress (P.O. Box Number is Not Acceptable 239 13004	le)		
VALIOU I L	, 33384	83	שת אמונעו ניכא			
]						
i		84 City 2	iverview	FL 85 Zip Code, 9		
11. Pursuant to the prov	visions of Sections 607,0502 and 607,1508. Florida Statutes	the above-named of	corporation submits this statement for the nu	urpose of changing its registered		
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.						
	with, and accept the obligations of, Section 607.0505, Horic	da Statutes.				
SIGNATURE Signature, typ	ped or printed name of registered agent and little if applicable (NOTE 6	Ingistered Agent signature to	equired when reinstating)	DATE		
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12		
TITLE P	DELETE	1.1 TITLE	Aickett Virgil W	Change Addition		
NAME PICKE	tt, virgil w.	1.2 NAME	11239 Andy DR			
	ELÂNEY CIR., APT. 103	1.3 STREET ADDRESS	naon ning on	· ( <b>Q</b>		
CITY-ST-ZIP BRANT	DON	1.4 CITY - ST - 2(P	Riverview, FL 335 Donas Brenish L 11239 Andy DR	الأصاد		
TITLE VP	☐ DELETE	2.1 TITLE	DONNER FRENDA -	Change Addition		
	S, BRENDA L	2.2 NAME	1220 NADY DR			
	ELANEY CIR., APT. 103	2.3 STREET ADDRESS	11209 171109 010	- al G		
CITY-ST-ZIP BRANC	DON	2.4 CITY-\$1-ZIP	Riverview FL3	3567		
TITLE	DELETE	3.1 TITLE		Change Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS		ł		
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TIME 17 1	[_] DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME		4, 2 NAME		ļ		
STREET ADDRESS		4.3 STREET ADDRESS		1		
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
TITLE	L DELETE	5.1 TITLE		Change Addition		
NAME		5 2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		54 CHY-ST-ZIP				
TITLE	DELETE	6 1 TITLE		Change Addition		
NAME		62 NAME				
STREET ADDRESS		63 STHEFT ADDRESS				
CITY-ST-ZIP		64 CITY - ST - ZIP				

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.