FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(2)

1. Corporation traine									
AQUA-TECH POOL SERVICE AND REPAIR, INC.						4 12011 Ball 483 Billion 11110 (1919 Bi	ALC 1881 B1814 S18		ati Alain Adan Jah
Principal Place of Business Mailing Address						U 1900 AT DEFO ENER DEFOND ALLEN ACTION AFF	/ / 100 Q 0 i 0 0	IR WRONI WII	## W\W\\ # W\\\ 1881
321 S. KETCH DRIVE		P. O. BOX 5704 P. O. BOX 5704							
P O BOX 5704 Sunrise FL 33326		HOLLYWOOD FL \$3083				3. Date incorporated or Qualified	3a. Date of	f Lact Bo	aport (
US		U\$				05/15/1991	1	5/01/1	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			
21		26				65-0263094 Not Applic			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				A Fig. 10 A series Fig. 10			Required
City & State		Crty & State 28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coun	itry		8. This corporation has liability for in		under s	199.032,
24	25 9. Name and Address of Current	29	30			Florida Statutes Yes 10. Name and Address of New Ro	_	 ien!	
	9. Name and Address of Current	Registered Agent		B1	Name	10, Italia dia Addicas of the Tri	agiototou rig		
COCO	SOLE, GREGORY		<u> </u>	B2	Dt-not Addron	s (P.O. Box Number is Not Acceptabl	lo)		
	PANAMA ST			52	Street Adores	is thick, box normals is two modephace			
	IAR FL 33023		Ī	63					
			1	84	City		FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, theor registered agent, or both, in the State of Florida. Such change was authorized by 					med corporat	ion submits this statement for the puri		ing its re	egistered office
or registere familiar with	od agent, or both, in the State of Florid n, and accept the obligations of, Section	la. Such change was auth oriz e on 607.0505, Florida Statu tes .	d by the co	orpora	ration's board	of directors. I hereby accept the appo	intment as re	gisterea	agent. I am
SIGNATURE .	,								
	Signature typed or printed name of registered agent a			Ngant si	signature required w		DATE	DECTA	DO IN KO
12.	OFFICERS AND	DELETE DELETE	13.	13. 1, 1 HTLE		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	PD EBERSOLE, GREGORY	LJ Mitte	1,2 NAI						
STREET ACIDRESS	321 S KETCH DRIVE				DDRESS				
CITY-ST-ZIP	SUNRISE FL		1.4 CH		i				
TITLE	VD .	C DELETE	2. 1 TiT					Change	Addition
NAME	EBERSOLE, LESLIE		2.2 NA	ME					
STREET ADDRESS	321 S. KETCH DRIVE		2.3 STR	RET AT	DDRESS				
CITY-S1-7IP	SUNRISE FL.	P-14	2.4 CIT		- ZiP			01,,,,,	T Addition
TITLE		DELETE	3. 1 111					Change	☐ Addition
NAME			3.2 NA		(CENTOR				
STREET ADDRESS					AODRESS				
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NAME		Last Communication		4.2 NAME				-	-
STREET ADDRESS					DDRESS				,
CITY - S1 - ZIP			4.4 CIT						
TITLE		DELETE.	5. 1 10	5. 1 1016		COMMISSION OF THE PARTY OF THE		Change	Addition
NAME			5.2 NA	N€					
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TITLE		DELETE	6. 1 111				L	Change:	☐ Addition
NAME			6.2 NA						
STREET ADDRESS	0				DDRESS				
CITY-ST-ZIP	y certify that the information supplied v	with this filing is voluntarily furni	64 CIT			the exemption stated in Section 119.	07/3)(k), Floric	ja Statut	es. I further
III. I GO I ICICOJ	Continy trial trio trio interior copplica t	ist connect or a complemental appri	ual rapart is	to in	and accurate	and that my cignature chall have the	came local of	fact as if	made under

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 eath; 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 once attachment with an address.

SIGNATURE:

BBANSOCC 4-29-96