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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S55874

(9)

PUMP HAUS, INC.

Principal Place of Business

Malling Address

5000 FRUITVILLE RD. SARASOTA FL 34232 5000 FRUITVILLE RD. SARASOTA FL 34232-2261

FILED Apr 29 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 05/28/1991	3a. Date 05/01		eport
2. Principal Pl	_	2a. Mailing Address 26 5000 FrutVILLI Rp.		4. FEI Number	-1		plied For	
	FRUITVILLS Roi		sad hick	I KD.	65-0265958			ot Applicable
Sulte, Apt. 4		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	isota, FL.	City & State 28 SA PASC A		Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 342	Country 25 VS	29 34232	Gountr	ISA	B. This corporation has fiability for Florida Statutes	intangible ta		. 199,032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
LEBENDIG, RONALD E.				Name				
	FRUITVILLE RD.		82 Street Addre		ress (P.O. Box Number is Not Acceptat	ble)		
SAR	NSOTA FL 34232							,
			83	'				
			84	City		FL	85 Zip (Code
SIGNATURE .	platered ahent, or both, in the State n familiar with, and accept the oblig Signature, typed or printed name of registered as	Wash			coration submits this statement for the ption's board of directors. I hereby accepted when reinstating)	pt the appoin	ent as	registered
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	RECTOR	S IN 12
TITLE	0	☐ DELETE	1.1 TITLE			L	Change	Addition
NAME "	LEBENDIG, RONALD E.		1.2 NAME					
STREET ADDRESS	1010 GUN CLUB RD		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CHTY-	ST-ZIP	·		,	
TITLE	D DOZAN PETITO LEBENDIO	DELETE	2.1 THLE			L	_ Change	☐ Additio
NAME	ROZAN PETITO, LEBENDIG 1010 GUN CLUB ROAD		2.2 NAME					
STREET ADDRESS	SARASOTA FL 34232			1 ADDRESS				
CITY-ST-ZIP	ONNOUTA LE OTEUE	DELETE	2. 4 City- 3.1 Title	-51-712		-	Change	L Additio
NAME			3.2 NAME	}		_	• - ··-··· • -	
STREET ADDRESS			3.3 \$1REE	1 ADDRESS				
CITY-ST-ZIP			3.4. CITY-	-S1-ZIP				
TITLE		☐ DEFELE	4.1 71TLE				Change	Additio
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		Doctor	4.4 Cit Y -	ST-ZIP			100	4.400
TITLE	_	☐ DELETE	51 TITLE			L	J Change	Additio
NAME			5.2 NAME	**********				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	54 CITY- 6.1 TITLE	31-217			Change	Additio
NAME			6.2 NAME			_		
STREET ADDRESS			1	1 ADDRESS				
CITY-SI-ZIP			6.4 CITY -	l l				
14. I do hereb	y certify that the information suppling indicated on this aprillal report or ficer or director of the collaboration of Block 12 or Block 13 if dhanged,	ed with this filing does not qua supplemental annual report is or the receiver or trustee (mpc or on an attachment, with an au	lify for the ex	emption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	es. I further co al effect as if Statutes; and	ertify that made un that my r	the ider oath; name