

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V18669**

(4)

1. Corporation Name

**CARED FOR POOLS, INC.**

Principal Place of Business

**17850 NW 78TH AVE  
MIAMI FL 33015  
US**

Mailing Address

**P.O. BOX 170062  
MIAMI FL 33017-0062  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**03/02/1992**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0320723**

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

**WILLIAMSON, LAWRENCE E.  
8553 N.W. 164TH STREET  
MIAMI FL 33016**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP WILLIAMSON, LAWRENCE E. # 32.**  
STREET ADDRESS **8553 N.W. 164TH STREET**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V WILLIAMSON, JUDITH A**  
STREET ADDRESS **8553 NW 164TH STREET**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V DOUGLAS, WILLIAMSON**  
STREET ADDRESS **8894 NW 173RD DR #512**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **S LAWRENCE WILLIAMSON, JR.**  
STREET ADDRESS **7222 SW 63RD AVE**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**12166 ST. ANDREWS PL. # 305  
MIRAMAR, FLA. 33025**

**6867 S.W. 77th TERR  
MIAMI, FLA. 33143**

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:

**Lawrence Williamson, Sr**

DATE

**4/17/97**

Daytime Phone #

**305/823-2816**

CR2E034 (9/96)