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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18669

(4)

FILED
Apr 23 1997 8:00am
Secretary of State

CARED FOR POOLS, INC. Prencipal Place of Business	Mailing Address			
17859 NW 78TH AVE MIAMI FL 33015 US	P.O. BOX 170062 MIAMI FL 33017-0062 US			
			 Date Incorporated or Qualifier 03/02/1992 	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suito, Apt. #, etc.	26 Suite, Apt. #, etc.		65-0320723	Not Applicable \$8.75 Additional
22	27		Certificate of Status Desired	Fee Required
City & State	City & State	Later	6. Election Campaign Financing	\$5.00 May Be
:3	28		Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country		or intangible tax under s. 199.032,
4 25	[29]	30	Florida Statutes	Yes No
g, Name and Address of Cu	urrent Hegistered Agent	81 Name	10. Name and Address of New	Hegistered Agent
WILLIAMSON, LAWRENCE E.	4	UI Name		
8553 N.W. 1647H STREET MIAMI FL 32016\		82 Street A	ddress (P.O. Box Number is Not Accept	table)
MIDANI PL SOUTO		83		
$\langle \langle \langle \rangle \rangle \rangle$				
\sim \sim \sim		84 City		FL 85 Zip Code
11. Pursuant to 11. provisions of Sections 607	, 0502 and 607, 1508, Florida Sta	tutes, the above-named c	orporation submits this statement for the oration's board of directors. I hereby acc	e purpose of changing its registered
offide or leaft. Thed addent, or both, in the S	State of Florida. Such change wa	is authorized by the corpo	oration's board of directors. I hereby acc	cept the appointment as registered
agent 1 amilant flar with and accept the c	obligations of, Section 607.0505,	Florida Statutes		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obligations of, Section 607.0505,	Florida Statutes.		1110-
SIGNATURE William Opision	ed agenrand tile if applicable (f	Florida Statutes. NOTE Registered Agent signature re		DATE 4/17/97
SIGNATURE OFFICERS	ed agent and tille if applicable (F S AND DIRECTORS	NOTE Registered Agent signature re	equired when reinstating)	DATE 417197 FICERS AND DIRECTORS IN 12
SIGNATURE OFFICERS	ed agree and title if applicable (F SIAND) DIRECTORS	NOTE Registered Agent signature re 13. 1.1 TITLE	equired when reinstating)	DATE 4/17/97
SIGNATURE 12. DP WILLIAMSON, LAWRENCE	S AND DIRECTORS DELETE	NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	DATE 417197 FICERS AND DIRECTORS IN 12
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SIGNATURE 12. DP WILLIAMSON, LAWRENCE SIRGELADORESS CITY-S1 749 TILE V NAME WILLIAMSON, JUDITH A	es agent and title if applicable (* S AND) DIRECTORS DELETE E. # 32.	NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	equired when reinstating)	DATE #11197 FICERS AND DIRECTORS IN 12 Change Addition
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