

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norman
Secretary of State
UNIVERSITY OF COMMERCE BUILDING

APPROVED
AND
FILED

MAY 11 1995 8:15

DOCUMENT # **V38335** (8)

1. Corporation Name
FOUNTAIN CLEAR POOL FILTRATION, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office - Headquarters
1850 NW 54 AVE.
MARGATE FL 33063
US

Home Office
1850 N.W. 54TH AVE.
MARGATE, FL 33063

2. DATE OF STATE FILING (THIS SPACE)

3. Date of First Report or Qualified **05/22/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Office - Headquarters	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0130852	Not Applicable
22. State Apt. # of	27. State Apt. # of	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. _____	29. _____	30. _____	7. This corporation has a liability in the amount of _____ Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NOBLES, JOE F
510 NW 69 TERR.
MARGATE FL 33063**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (if a Box Number is Not Applicable)	FL
B3. _____	
B4. City	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office and registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am a director of the corporation as required by the Florida Statutes.

SIGNATURE: *Joe F. Nobles*

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN:	
OFFICE	NAME	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	NOBLES, JOE 510 NW 98TH TERR. MARGATE, FL	1. NAME	
VP	NOBLES, KATHERINE 510 NW 69 TERR MARGATE, FL	2. OFFICE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME	
		5. OFFICE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	
		8. OFFICE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. OFFICE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the registration stated in this filing. I further certify that the information reflected 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1A if changed, on an attachment with an address.

SIGNATURE: *Joe F. Nobles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joe F. Nobles

5/10/95 305-999-5666