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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56397

(5)

Mailing Address

ROBERT'S POOL DESIGN, INC.

	FILED							
Jul 15	1997 8:00am	1						
Secr	etary of State	,						

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4897 JOG RD SUITE 117 LAKE WORTH I	FL 334 67	4697 JOG RD SUITE 117 LAKE WORTH FL 33467-50	052				I a					
						3. Date Incorporated or Qualified 08/10/1992	3a. Date of I 05/09/19		port			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			olied For			
21 26						65-0350863 Not Ap						
Suite, Apt. (Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State 23 City & State						Election Campaign Financing Trust Fund Contribution		5.00 h dded to				
Zip 24	Country 25	Z(p	Cour	ntry		8. This corporation has liability for intangible tax under s. 199 Florida Statutes						
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
MOM	NESCALCHI, RICHARD J.			81	Name							
75556 LAKE WORTH RD SUITE 102				82	Street Add	Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH FL 33467				83								
				84	City		FL 85	Zip C				
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the ab	ove	named co	rporation submits this statement for the pation's board of directors. I hereby accep	rpose of chan	ging its	registered			
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Statu	ules.	the corpor	and a board of directors. Thereby decop	т то царопин	D-11.	og.o.c.ca			
SIGNATURE												
	Signature, typed or printed name of registered age OFFICERS AN		£: Registered	Agor	t signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CIOBS	: INI 12			
12.	D OFFICERS AND	DELETE	1.1 101	i F		ADDITIONS/OFFACES TO OFFICE	C		Addition			
NAME	MACINTYRE, RÖBERT H.		1.2 NA		ļ			•	_			
STREET ADDRESS	4897 JOG ROAD, #117				ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL	1.4 CI										
TITLE	DELETE 2.1 TO						□ C	hange	Addition			
NAME	EDWARDS, ELIZABETH E.		2.2 NA	ME								
STREET ADDRESS	4897 JOG RD. #117		2.3 \$1	REET	ADDRESS							
CITY-ST-ZIP	1 4 4 T 1 1 4 A B T 1 A B T			ITY-S	T-ZIP							
TITLE		DELETE.	3 1 TIT	t F			□ c	hange	Addition			
NAME			3 2 NA	ME								
STREET ADDRESS			3.3 \$1	HEET A	ADDRESS							
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NAME			5.2 NA		ADDRESS							
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NAME		_ >	6.2 NA					-				
					ADDRESS							
STREET ADDRESS			64 CI									
CITY-ST-ZIP	by cortily that the information supplie	d with this filing does not qual				ed in Section 119.07(3)(i). Florida Statute	s. I further certi	fy that t	the			

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 eath; that I am an officer or director of the corporation or the receiver of 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.

7/10/27 Sel-1041-5102