

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V69340** (0)

1. Corporation Name

POOL & SPA TECHNICAL SERVICE, INC.



Principal Place of Business

**11146 SW 70TH TERR.
MIAMI FL 33173
US**

Mailing Address

**P.O. BOX 163142
MIAMI FL 33116**

3. Date Incorporated or Qualified
10/01/1992

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0362453

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MOSHER, WALTER E.
11146 SW 70TH TERR.
MIAMI FL 33173**

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

Signature, typed or printed name of registered agent on this page and (P.O. Box Number is Not Acceptable) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PO**
STREET ADDRESS **MOSHER, WALTER E.**
CITY-ST-ZIP **11146 SW 70TH TERR.
MIAMI FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MOSHER, DIGNA A.**
CITY-ST-ZIP **11146 SW 70TH TERR.
MIAMI FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **VAN PUTTEN, OLMAYRA M.**
CITY-ST-ZIP **8530 N.W. 169 TERRACE
MIAMI FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter E. Mosher, President

4/02/96

305-896-9625

CR2E034 (12/95)