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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F80219

ALL CLEAR POOL AND SPA SHOP, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90023 014 ***150.00



Mailing Address 16614 NW 40 PLACE NEWBERRY FL 32669-2002 US 1. DO NOT WRITE IN THIS SPACE 1. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1982 2. Principal Place of Business 2. Mailing Address 4. FEL Number 2. Principal Place of Business 2. Mailing Address 4. FEL Number 3. Date Incorporated or Qualified 05/06/1982 2. Principal Place of Business 2. Mailing Address 4. FEL Number 3. Color Space of Business 3. Date Incorporated or Qualified 05/06/1982 2. Principal Place of Business 2. Mailing Address 4. FEL Number 3. Determine of Space of Business 3. Date Incorporated or Qualified 05/06/1982 2. Principal Place of Business 3. Date Incorporated or Qualified 05/06/1982 3. Date Incorporated or Qualified 05/06/1982 4. FEL Number 5. Certificate of Status Desired Space of Business Space of	16614 NW 40 NEWBERRY FL US 2. Principal F										
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9. Name and Address of Current Registered Agent RACKEAR, GARY S., ESQ. 2534 SW 6TH ST. MIAMI FL 33135 82 Street Address (P.O. Box Number is Not Acceptable) 83			Zip			itry		8. This corporation owes the curr	ent year Int		_
RACKEAR, GARY S., ESQ. 2534 SW 6TH ST. MIAMI FL 33135 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 regis 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME KIMBALL, JOHN H 12 NAME 13. STREET ADDRESS 16614 NW 40 PLACE	<u>!4</u>	· 11-			30						□No
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)