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PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000048975

1. Corporation Name

PURE W	ATER POOLS, II	NC. 									
Principal Place	e of Business		Mailing Addres	SS						37887 1811	
825 NORTH RAINBOW DRIVE HOLLYWOOD: FL 33021		825 NORTH RAINBOW DRIVE HOLLYWOOD FL 33021				DO NOT W	(DITE IN T	1 C CDACE			
							2 Data Iraa	rporated or Qualif		1 S SPACE	
							06/06/1	•	eu		
2. Principal P	lace of Business		2a. Mailing Add	dress			4. FEI Numb				App ied For
21			26			65-0678	3146		1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			F. Cartiforto	of Status Desired		\$8.75	Additional		
22		27			5. Certificate	UI Status Desired	<u> </u>	Fee f	Recuired		
City & S ate		· 	City & State				6. Electio 1 Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Cour		28 Zip		Country	,		oration owes the o	urront voor		-
	25	,	29	36	_ `			Property Tax.	witelit Aegi	Yes	No
24		ress of Current	Registered Agent		<u> </u>			d Address of Ne	w Register		_/ \
					81	Name					
	TLIEB, BRUCE M				00	C14 A	- drass /D.O. Boy No	umbas in Not Acce	ntable)		
125 NORTH 46 AVE.					82	Street A	cdress (P.O. Box N	umber is Not Acce	eptable)		
	LYWOOD FL 33021	l			83			1			
HOL											
HOL					84	City				. 85 Zir	Code
	t the servicion of C	ations 607 0503	and 607 1509 Flo	rida Statulos	84	' '	or moration submits t	his statement for	-	FL `` `	Code ts registered
11. Pursuant office crr agent. I a	to the provisions of So registered agent, or bo im familiar with, and a	h in the State c	f Florida. Such chai	inge was ∃uth	, the above	e-named of	ccrporation submits tration's board of clire	his statement for ectors. I hereby ac	the purpose	of changing	ts registered
11. Pursuant office or ragent. I a	registered agent, or bo	h, in the State c cept the obligati	f Florida, Such char ons of, Section 607 and little if applicable.	ange was autr 7.0505, Florid	, the above horized by la Statutes	e-named c the corpor	quired when reinstating)	ctors. Thereby ad	the purpose cept the ap	e of changing in cointment as	ts registered reg stered
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14. I heretly certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report if true and accurate and that my signature shall have it e same legal effect as if made under oath; that I am an officer or director of the coporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block I2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90025 004 ***511.25

CR2E034 (11/98)

Addition