

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90034 031 ***150.00

DOCUMENT # P97000028205

1. Corporation Name

BAYVIEW POOL SERVICE, INC.



Principal Place of Business

6301 N.W. 5TH WAY
#3600
FT. LAUDERDALE FL 33309

Mailing Address

6301 N.W. 5TH WAY
#3600
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

65-0737147

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1020 NE 44 Street

Suite, Apt. #, etc.

City & State

23 Fort Laud, FL

Zip

24 33334

25

Country

2a. Mailing Address

26 1020 NE 44 Street

Suite, Apt. #, etc.

City & State

28 Fort Laud, FL

Zip

29 33334

30

Country

9. Name and Address of Current Registered Agent

CONFORTI, JUDITH
6301 N.W. 5TH WAY
#3600
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1020 NE 44 Street

83

84 City

Fort Lauderdale, FL

85 Zip Code

33334

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 *Judith Conforti* JUDITH CONFORTI

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-99

12. OFFICERS AND DIRECTORS

TITLE PS
NAME CONFORTI, JUDITH
STREET ADDRESS 6301 N.W. 5TH WAY, #3600
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE VT
NAME CONFORTI, RICHARD
STREET ADDRESS 6301 N.W 5TH WAY
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1020 NE 44 Street
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33334

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1020 NE 44 Street
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33334

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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: *Judith Conforti*

JUDITH CONFORTI

1-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)