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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P95000 IDE POOLS, INC.	0034398 (4))		
Principal Place of Business Mailing Address					3 30031004 120 10405 9811 90114 90114 90114 90110 11111 0100 11111 1010 10111 1011
3057 WOODPINE CIRCLE 3057 WOODPINE CIR					
					DO NOT WRITE IN THIS SPACE
SARASOTA FL 34231 US		SARASOTA FL 34231 US			3. Date Incorporated or Qualified
33		•			04/27/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 3-6-1 26		26			65-0583961 Not Applicable
─		Suite, Apt. #, etc.	pt. #, etc.		5 Certificate of Status Desired S8.75 Additional
22 27		- 			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Countr	v	Trust Fund Contribution
24	25	29	30	,	Personal Property Tax due June 30, Yes No
	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent
PR	EWETT, DANIEL L		81	Name	
	77 BENEVA RD SOUTH UNIT 15		82	Street	Address (P.O. Box Number is Not Acceptable)
UNIT 4				J	
SA	RASOTA FL 34233		83	3	
ĺ			84	City	85 Zip Code
44 5	10 de 207 07 07 07 07 07 07 07 07 07 07 07 07 0	10074500 51 4 51		<u> </u>	d corporation submits this statement for the purpose of changing its registered
SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligations of printed name of registered agent				rporation's board of directors. I hereby accept the appointment as registered a required when reinstaling) DATE
12.		OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVPS	DELETE	1.1 THTLE		☐ Change ☐ Addition
NAME	BERQUIST, JAMES		1.2 NAME		a real and a real of the law to
STREET ADDRESS	5757 BENEVA RD S #4			T ADDRESS	3057 Woodpine Cincle, Conty Sarasaka, 76 34231
CITY-ST-ZIP	SARASOTA FL	DELETE	1.4 CITY-	ST-ZIP	Sacesoka, 7L 34231 Change Addition
TITLE		C DESCRIE	2.1 TITLE		Li Change Li Adunton
NAME STREET ADDRESS			2.2 NAME	T ADDRESS	
CITY-ST-ZIP			2 4 CITY		!
TITLE		DELETE	3.1 THILE	UI E11	Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE	DELETE 4.1		4.1 TITLE		Change Addition
NAME	l I		4, 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP		T NE PE	4.4 C(TY-	ST-ZIP	
TITLE			5.1 TITLE		Change Addition
NAME			5.2 NAME	• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP TITLE			5.4 CITY- 6.1 TITLE	SI · ZIP	Change Addition
NAME			6,2 NAME		El Groude National
STREET ADDRESS				T ADDRESS	
OTTY OF THE			C A DITY	, NOUNESS	1

14. Thereby 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 exercise.

FILED

Feb 17 1998 8:00am

Secretary of State