

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

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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 227442 (1)
1. Corporation Name
SOUTH MIAMI POOL COMPANY

Principal Place of Business
8772 SW 131ST ST
MIAMI FL 33176
US

Mailing Address
8772 SW 131ST ST
MIAMI FL 33176
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/28/1959 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-0880649 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent OISTER, JR., WILLIAM P. 10000 SW 79 COURT MIAMI FL 33158 | | 10. Name and Address of New Registered Agent | |
| 81 Name SAME | | 82 Street Address (P.O. Box Number is Not Acceptable) 8772 SW 131ST | |
| 83 | | 84 City SAME | |
| | | FL 33176 | |

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 _____ DATE 01/15/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OISTER, JR., WILLIAM P. | 1.2 NAME | |
| STREET ADDRESS | 10000 SW 79 COURT | 1.3 STREET ADDRESS | 8772 SW 131ST |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FL 33176 |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OISTER, HAZEL E. | 2.2 NAME | |
| STREET ADDRESS | 812 HIBISCUS LN | 2.3 STREET ADDRESS | 812 HIBISCUS LA. |
| CITY-ST-ZIP | VERO BCH FL | 2.4 CITY-ST-ZIP | VERO BCH, FL 32963 |
| TITLE | SD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OISTER, DEBRA D. | 3.2 NAME | |
| STREET ADDRESS | 10000 SW 79 COURT | 3.3 STREET ADDRESS | 8772 SW 131ST |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI FL 33176 |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OISTER, DEBRA D. | 4.2 NAME | |
| STREET ADDRESS | 10000 SW 79 COURT | 4.3 STREET ADDRESS | 8772 SW 131ST |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: _____ DATE 1/6/97 (305) 259 3433
Sandra B. Mortham, Secretary of State