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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 443692

ZIEL POOLS, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90060 038 ***150.00



		_			
Principal Place	of Business	Mailing Address		I INC. I STATE TO STATE TO STATE THE STATE OF THE STATE O	
1501 S.W. 7TH AVE.		1501 S.W. 7TH AVE.		·	
POMPANO BEACH FL 33060 POMPANO E		POMPANO BEACH FL 33060		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				02/25/1974	
2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>.</u> . , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		26		59-1550521	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
:3		28	Country	This corporation owes the current year	
Zip	Country	Zip 36	¬ '	Personal Property Tax.	☐Yes , ☐No
24	9. Name and Address of Curre		<u>,, </u>	10. Name and Address of New Register	ed Agent
	9. Name and Address of Curre	ilit Registered Agent	81 Name	:	
71FI	OSCAR T. JR.		00 00-14 4	ress (P.O. Box Number is Not Acceptable)	
20 CASTLE HARBOR ISLE			82 Street Add	ress (F.O. Box Number is Not Accopiation)	
	AUDERDALE FL 33308		83		阿尼斯斯斯斯斯
- • •			<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	85 Zip Code
			84 City	<u></u> F	-L -
	egistered agent, or both, in the state m familiar with, and accept the oblig	pations of, Section 607.0505, Florid		poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
	Signature, typed or printed name of registered ag	John and title if applicable. (NOTE: N	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	55 8.221	☐ Change ☐ Addition €
NAME	ZIEL, OSCAR T.		. 1.2 NAME	- 200	5
STREET ADDRESS	20 CASTLE HARBOR		1.3 STREET ADDRESS		اً ا
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	STV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSEN, CARL T.		2.2 NAME		
STREET ADDRESS	2070 NE 62ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2, 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		Claude Clause
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- Delete	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE		<u> </u>	5.2 NAME		•
NAME OVERCET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS	5		5.4 CITY-ST-ZIP		•
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
SIREEI 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:

SIGNING OFFICER OR DIRECTOR