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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business 4731 NE 3 TERRACE FT. LAUDERDALE FL 33334

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

693134

(9)

COSMIC POOL SERVICE, INC.

FILED Apr 29 1998 8:00am Secretary of State

Mailing Address 4731 NE 3 TERRACE FT. LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2125062 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COSTANTINO, JOSEPH L JR 4184 INVERRARY DR APT 507 82 FT. LAUDERDALE FL 33319 83 84 Zip Code 33334 2 and 607, 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such shange was authorized by the corporation's board of directors. I hereby accept the appointment as registered alkins of, Sorgan 607,0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.050 SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE COSTANTINO, RICHARD L COSTANTINO RICHARD 4671 NE BROTERR NAME 1.2 NAME 4164 INVERRARY DR #507 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL Ft. LAUDERONIZ CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 1IILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP ☐ Change DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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