48-98 34321 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 FILED **PROFIT** Apr 08 1998 8:00am FLORIDA DEPARTMEN OF STATE CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of S Secretary of State DIVISION OF CORPO ATIONS 1998 DOCUMENT # F68036 (5)ROYAL POOLS OF CENTRAL FLORIDA, INC. rincipal Place Business Aailing Addres ROYAL POOLS 956 RHAYY 17-92 LONGWOOD FL 32750 DYAL POOKS 696-N, HMY 17-02 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1982 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For ROYAL POOLS 14-5322688 Not Applicable ROYAL POOLS \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 32707 25 U.S. A. 29 32707 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name POLVERINO, JOSEPH R 956 N HWY 17-92 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 City 84 Zip Code 85 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 Signature, typed or pointed name of registered agent and trille if applicable (NOTE: Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TOTALE POLVERINO, JOSEPH R 1.2 NAME NAME 1056 CRYSTAL BOWL CIR 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE POLVERINO, JOSEPH R NAME 2.2 NAME 1056 CRYSTAL BOWL CIR STREET ADDRESS 23 STREET ADDRESS CASSELBERRY, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 City-ST-ZiP

Joseph & Polym

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.

CITY-ST-2IP