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

į.

CITY-ST-ZIP

SIGNATURE:

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** F73819 AQUA VITA POOLS & SPAS, INC. Principal Place of Business Mailing Address 260 N W 2ND ST. 260 N W 2ND ST. DEERFIELD BCH, FL 33441 DEERFIELD BCH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2179697 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 \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SARACENO, DAN Relived 260 NW 2ND ST 82 Street DEERFIELD BCH FL 33441 83 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Matures. its this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered 7690E OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE ΡĐ 1.1 TITLE SARACENOL-BAN NAME 1.2 NAME 260 N.W. 2ND ST. STREET ADDRESS 1.3 STREET ADDRESS **BEERFIELD** BCH. FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DELANO NAME DELANO, ALEXANDER 2.2 NAME = nc 2a260 N.W. 2ND STREET 2.3 STREET ADDRESS STREET ADDRESS 33441 DEERFIELD BCH. FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STAFET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP 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 supplier ental annual report is the 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 impowered 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 area characteristics.

FILED

L-27-98-561-569-91**3**0