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

Mailing Address

1327 W. PINE STREET

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H70117

Principal Place of Business

1327 W. PINE STREET

ROBERT W. NASIN SWIMMING POOL SERVICES, INCORPOR **ATED** 

LANTANA FL 33462		LANTANA FL 33462			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					08/06/1985		ĺ	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
<del>-</del>	ace of business	26			59-2581291 Not Applicable		lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		_	\$8.75	Additional	
22		27	] = - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		5. Certifcate of Status Desired .	Fee F	Required	
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00	May Be	
23		28	B]		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intar	igible		
24	25	29	30		t crecital troporty tax:	Yes	No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent		
			[1	31 Name			ļ	
	n, robert W.		ļ <sub>a</sub>	32 Street Addr	ress (P.O. Box Number is Not Acceptable)			
1327 W. PINE STREET								
LANT	rana FL 33462		Ī	33				
			-	34 City		85 Zir	Code	
				'	<u>FL_</u>			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the ab	ove-named corp	poration submits this statement for the purpose of co	hanging i	ts registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Flori	nonzed da Statul	oy the corporation	on's board of directors. I hereby accept the appoint	ment as	ogistorou	
	, , , , , , , , , , , , , , , , , , , ,	,						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered A	gent signature require				
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PTD	☐ DELETE	1.1 TITL	E		☐ Change	Addition	
NAME	NASIN, ROBERT W.		1.2 NAM	E			Ì	
STREET ADDRESS	1327 W. PINE STREET		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	LANTANA FL		1.4 CIT	/-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITL	E j		Change	e ☐ Addition	
NAME	NASIN, MARGARET M.		2.2 NAA	KÉ				
STREET ADDRESS	1327 W. PINE STREET		2.3 STR	EET ADDRESS			. :	
CITY+ST-ZIP	L'ANTANA FL		2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE 3.1		E		Change	Addition	
NAME			3.2 NAM	IE			Į	
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITE	E		Change	e ☐ Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS		•	4.3 STF	EET ADDRESS			l	
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP		<del> </del>	·	
TITLE		☐ DELETE	5.1 TIT	E	•	Change	e 🗌 Addition	
NAME			5.2 NA	4E	•	•		
STREET ADDRESS			5.3 STF	EET ADDRESS				
CITY-ST-ZIP		. <u> </u>		Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	E		Change	e 🔲 Addition	
NAME			6.2 NA	AE				
STREET ADDRESS	SHE RESERVE		6.3 STF	EET ADORESS	·			

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90075 021 \*\*\*150.00



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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP