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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H92384

(7)

AFFORDABLE POOL SERVICES AND SUPPLIES INC

rincipairia	Ce of Dusiness	Walling Address	8 / 1001.000			
155 CINNAMON DR. SATELLITE BEACH FL 32937 US		155 Cinnamon dr. Satellite Beach Fl 32937 US		DO NOT WRITE IN THIS S	SPACE	
•					3. Date Incorporated or Qualified	
					12/27/1985	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26		26	[59-2648804	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6, Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the curi	ent year Intangible
24	25	29	30			∬Yes □ No
	9. Name and Address of Curre		1=1-		10. Name and Address of New Registered	gent
	NGLISH, JAMES W.		81	Name		
155 CINNAMON DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SATELLITE BEACH FL 32937			83			
			00			
			84	City	FL	85 Zip Code
11 Pursuan	t to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes, the above	e-named co	progration submits this statement for the purpose of	changing its registered
office or	registered agent, or both, in the Stat am lamiliar with, and accept the obli	e of Florida. Such change was	authorized by	the corpora	ation's board of directors. I hereby accept the app	ointment as registered
agent. t	am raminar with, and accept the oblig	gations of, Section 607,0303, Fi	ionua Statutes	.		
SIGNATURE	Signature, typed or printed came of registered as	cent and trie d applicable (NO	If Registered Age	ent signature reg	uired whon reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	11 TITLE			☐ Change ☐ Addition
NAME	ENGLISH, JAMES W.		1.2 NAME			
STREET ADDRESS	ARE OUNIALION DONE		1.3 STREET	ADDRESS		
	SATELLITE BEACH FL					
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CiTY-S 2.1 TITLE	11.71		Change Addition
l	-	C) been		1		
NAME	ENGLISH, NORMA		2.2 NAME			
STREET ADDRESS			2 3 STREET			
CITY+ST-ZIP	SATELLITE BEACH FL	DELETE	2. 4 City - 5	ST - ZIP		Change Addition
TITLE	l l	L Utilit	3.1 TITLE	İ		Charge C Montion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		!
CITY-ST-ZIP			3.4. CiTY-5	ST-ZIP		06
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	; 		4.3 STREET	ADDRESS		
CITY-ST-ZIP		. <u> </u>	4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	-		
STREET ADDRESS	:		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	it-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME	1		6.2 NAME			
STREET ADDRESS	. [6.3 STREFT	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
D11 171 E11	<u></u>					

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 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 torporation 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 andress.