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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J15997

(6)

NATIVE POOLS AND SERVICES INC.

FILED

Feb 03 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1740 NW MADRID WAY 1498 W. ROYAL PALM RO BOCA RATON FL 33486 BOCA RATON FL 33486 US 2. Principal Place of Business 2a. Mailing Address				AD		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1986 4. FEI Number
21 Principal	Triace of Business	26				удравато
Suite, Ap	ot. #, et c.	Suite, Apt. #, etc.				59-2676896 Not Applicable 5. Certificate of Status Desired See Required See Required
City & St	tate	City & State				Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	it negistered Agent		B1	Name	10. Name and Address of New Registered Agent
	RIPLEY, JOHN Q.				IVallic	and the second s
1498 W. ROYAL PALM ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
В	OCA RATON FL 33486		}	83		10 A 44 A
			L			
	•		I	84	City	ty FL 85 Zip Code
office or	r registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was at alions of, Section 607.0505, Flor	uthorized rida Statu	d by utes.	the co	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
48	Signature, typed or printed name of registered age			Agen	nt signatu	nature required when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD DIEV JOHN O	□ OFFICIE	1.1 117			E.J Change LI Addition
NAME	RIPLEY, JOHN Q. s 1498 W ROYAL PALM RD		1.2 NAI			1120
STREET ADDRESS	BOCA RATON FL				ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	RIPLEY, LEE ANN		2.2 NAME			City of the state
STREET ADDRESS			2.3 STREET		ADDRESS	224
CITY-ST-ZIP	BOCA RATOPN FL			2. 4 CITY-ST-ZIP		
TITLE	BOOK WATCHER	DELETE	3.1 Till			Change Addition
NAME			3.2 NA	3.2 NAME		
STREET ADDRESS	s		3.3 STREET AD		ADDRESS	ESS
CITY-ST-ZIP			3.4. CI1	TY- \$1	- ZIP	
TITLE		DELETE	4.1 T(T)	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS	s		4.3 STR	REFT A	ADDRESS	ESS
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP	
TITLE		☐ DELETE	5.1 TITU			☐ Change ☐ Addition
NAME			5 2 NA)			
STREET ADDRESS	S				ODRESS	FSS
CITY-ST-ZIP	<u> </u>	Dourte	5.4 CIT		- ZIP	There I was
TITLE		☐ DELETE	6.1 1(1)			Change Addition
NAME			6.2 NAM		DDDCCC	
STREET ADDRESS	9				DDRESS	:55
City-St-ZiP	/ certify that the information supplied wi	th this filing does not qualify for	6.4 CiT			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.						