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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J72400

1. Corporation Name

FRED S POOL SERVICE, INC.

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90179 041 ***150.00



2609 NW 6TH AVENUE FT. LAUDERDALE FL 33311		2609 NW 6TH AVENUE FT. LAUDERDALE FL 33311			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					05/12/1987	
					4. FEI Number Applied For	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			
21		26			65-0002075 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc:		-Suite, Apt. #, etc.	¬ ' '		5. Certificate of Status Desired Fee Required	
22		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
City & State	•		¬ '		Trust Fund Contribution Added to Fees	
23		28 7in	Zip Country		This corporation owes the current year Intangible	
Zip			_	,	Personal Property Tax. Yes No	
24	25				10. Name and Address of New Registered Agent	
.	9. Name and Address of Curre	nt Registered Agent	- 18	1 Name		
OCT.	TOO MICHAEL D					
	ERS, MICHAEL D		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	N.W. 6TH AVE.		Ļ			
FT. L	AUDERDALE FL 33311		١	3		
			1	4 City	85 Zip Code	
			- 1	1 7		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Floric	the about horized to ta Statut	ove-named corporations.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE		(NOTE: B	tenistered A	nent signature requir	red when reinstating) DATE	
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		DELETE	1.1 TITLE		☐ Change ☐ Addition	
TITLE	PD	<u></u>	1.2 NAM	1		
NAME	PETERS, MICHAEL	•		EET ADDRESS		
STREET ADDRESS	2609 N.W. 6TH AVE.			Į.		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Additi	
TITLE		☐ DELETE			- ·	
NAME			2.2 NAN	1		
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NAME						
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NAME			6.2 NA	ME		
STREET ADDRESS	5		6.3 ST	REET ADDRESS		
SIKEE (ADDKESS	1		6.4 CIT	Y-ST-ZIP		

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.

954-564-0135