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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J80567 (7)**
1. Corporation Name
MAGNATE POOL SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
6100 S.W. 25 ST., APT B MIRAMAR FL 33023 6100 S.W. 25 ST., APT B MIRAMAR FL 33023

3. Date Incorporated or Qualified **07/01/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **5230 S.W. 88 TERR.** 26 **5230 S.W. 88 TERR.**

4. FEI Number **59-2831065** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State **Cooper City, FL** 28 City & State **Cooper City, FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33328** 25 Country **U.S.A.** 29 Zip **33328** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SAVILLE, DAVID
6100 SW 25 ST APT B
MIRAMAR FL 33023

10. Name and Address of New Registered Agent
81 Name **SAVILLE, DAVID**
82 Street Address (P.O. Box Number is Not Acceptable) **5230 S.W. 88 TERR.**
83
84 City **Cooper City** FL 85 Zip Code **33328**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David Saville* **DAVID SAVILLE** DATE **July 10, 1995**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVILLE, DAVID 6100 SW 25 ST. MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVILLE, DAVID 6100 SW 25 ST. MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVILLE, DAVID. 6100 SW 25 ST. MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVILLE, DAVID. 6100 SW 25 ST. MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P SAVILLE, DAVID 5230 SW 88 TERR. Cooper, City FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Saville, David 5230 SW 88 Terr. Cooper City, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Saville David 5230 SW 88 Terr. Cooper City FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Saville David 5230 SW 88 Terr. Cooper City, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointment with an address.

SIGNATURE: *David Saville* **DAVID SAVILLE** DATE **July 10, 1995** 305-610-0950