

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 6100 S.W. 25 ST., APT B MIRAMAR FL 33023		Mailing Address 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 21 5230 S.W. 88 TERR.	2a. Mailing Address 26 5230 S.W. 88 TERR.	4. FEI Number 59-2831065		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Cooper City, FL		City & State 28 Cooper City, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33328 Country U.S.A.		Zip 33328 Country U.S.A.		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 FL	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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVILLE, DAVID 6100 SW 25 ST. MIRAMAR FL	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVILLE, DAVID 6100 SW 25 ST. MIRAMAR FL	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVILLE, DAVID. 6100 SW 25 ST. MIRAMAR FL	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVILLE, DAVID. 6100 SW 25 ST. MIRAMAR FL	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Signature and typed or printed name of signing officer or director