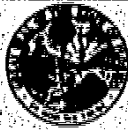


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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.

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

DO NOT WRITE IN THIS SPACE.

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. Suite, Apt. #, etc.	2a. Mailing Address 26 5230 S.W. 88 TERR. Suite, Apt. #, etc.	4. FEI Number 59-2831065	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Cooper City, FL	28 City & State Cooper City, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 <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 FL 85 Zip Code 33328
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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