

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
**5230 S.W. 88 TERRACE
COOPER CITY FL 33328
US** **5230 S.W. 88 TERRACE
COOPER CITY FL 33328
US**

3. Date Incorporated or Qualified **07/01/1987** 3a. Date of Last Report **07/13/1995**
4. FEI Number **59-2831065** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199 (3)? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**SAVILLE, DAVID
5230 S.W. 88 TERRACE
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, or 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

Signature type: (1) personal (2) prepared agent and the preparer (3) other (NOTE: Filing agent's signature required when reinstating)

(NOTE: Filing agent's signature required when reinstating)

Date:

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SAVILLE, DAVID	
STREET ADDRESS	5230 SW 88 TERRACE	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAVILLE, DAVID	
STREET ADDRESS	6100 SW 25 ST.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAVILLE, DAVID.	
STREET ADDRESS	6100 SW 25 ST.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVILLE, DAVID.	
STREET ADDRESS	6100 SW 25 ST.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAVILLE, DAVID	
23 STREET ADDRESS	5230 SW 88 TERR.	
24 CITY - ST - ZIP	COOPER CITY FL	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SAVILLE, DAVID	
33 STREET ADDRESS	5230 SW 88 TERR.	
34 CITY - ST - ZIP	COOPER CITY FL	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SAVILLE, DAVID	
43 STREET ADDRESS	5230 SW 88 TERR	
44 CITY - ST - ZIP	COOPER CITY FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Saville* **David Saville** **Aug-2, 1996** **954-680-0950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed #

CR2E034 (3/96)