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PROFIT
CORPORATION
ANNUAL REPORT
1999

OASIS POOLS, INC.

OCUMENT # K02202

Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90015 005 \*\*\*150.00



rincipai Piace	e of Business	Mailing Address					
703 US 19	4007	14703 US 19 HUDSON FL 34667					
IUDSON FL 34667		HUUSUN FL 34007			DO NOT WRITE IN T	HIS SPACE	
	• • •	1.			3. Date Incorporated or Qualifed		
					11/16/1987		
Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	lace of Basilloos	26			59-2866697	No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		•		\$8.75 A	dditional
ουκ <b>ε, Αρ</b> κ. ]	, <del>,,</del> 616.	27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	to	City & State		-	6. Election Campaign Financing	\$5.00	May Be
]	ie .	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	r Intangible	
	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of C		100	1	10. Name and Address of New Registe	red Agent	
	5. Name and Address of			81 Name			
PAT	ASCHER, DAVID	•		<u> </u>	(D.C. D. Allerther in Mot Accountable)		
ે\ે238	1 KNOLL DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		namenta e n Ar
	RING HILL FL 34608	•		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 519 PEC 6180	
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2.	<u> </u>	RS AND DIRECTORS	13.	<del></del>		☐ Change	Addition
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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.

SIGNATUR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127 869-2583