FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

BEGENS, JOHN W. 14600 SW 21ST STREET

DAVIE FL 33325



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name K04771

SPLASH POOLS & SPAS OF FLORIDA, INC.

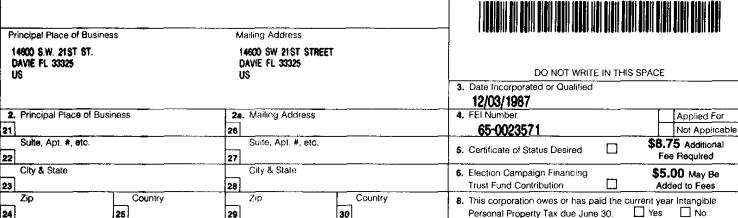
Principal Place of Business Mailing Address 14600 S.W. 21ST ST. 14600 SW 21ST STREET DAVIE FL 33325 DAVIE FL 33325

9. Name and Address of Current Registered Agent

FILED Jan 26 1998 8:00am Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)



City 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

82

83 84 Name

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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and stille it applicable (NOTE, flegistered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEGENS, JOHN W	1.2 NAME	
STREET ADDRESS	14600 SW 21ST STREET	13 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY - ST - ZIP	
TITLE	VSC DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	8E GENS, TER E SA M	2.2 NAME	
STREET ADDRESS	14600 SW 21ST STREET	2.3 STREET ADDRESS	3
CITY-ST-ZIP	DAVIE FL	2. 4 CITY - ST - ZIP	
TITLE	☐ DELET E	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - 2IP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition :
NAME	·	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	_ <u></u>	6.4 CITY - ST - ZIP	

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.

John W. Begens

437-1525