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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BLUE MARLIN POOLS, INC.

Principal Place of Business

Mailing Address

FILED May 29 1998 8:00am Secretary of State



992 OLD BOYNTON RD PO BOX 3355 BOYNTON BEACH FL 33426-3513 **BOYNTON BEACH FL 33424** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0045560 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 П Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ADAMS, SHELLEY M. Name Paul M. Adams
Street Address (P.O. Box Number is Not Acceptable) 8728 RODEO DR 82 LAKE WORTH FL 33467 710 Claremore Drive 83 84 City Zip Code 3 3 4 0 1 West Palm Bch. FL 33401

607.1508. Horida Statutos, the above-named corporation's submits this statement for the purpose of changing its registered ida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered if, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agoagent Lamitamilian SIGNATURE (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THUE Change ADAMS, JOHN H. III NAME 1.2 NAME 8128 RODEO DR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP D DELETE TITLE 2.1 111118 Change Addition ADAMS, JOHN H. III NAME 2.2 NAME 8128 RODEO DR STREET ADDRESS 2.3 STHEET ADDRESS L'AKE WORTH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3 1 111LF NAME 3.2 NAME STREET ADDRESS 3.3 STRLET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TILLE 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 - \$1 - ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or on an attachment with an address.