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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90061 038 ***150.00

DOCUMENT # K70592 1. Corporation Name

POOLSIDE PRODUCTS, INC.

, 002012	2 / //0000000, 11100											
Principal Place	of Business	Mailing Address						* 10818511 81+10	************			
1081 US HWY #1 4676 US HWY #1												
VERO BEACH FL 32960 VERO BCH FL 32967									O NOT W	DITC IN TH	IIS SDACE	
US						<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							-	106/1989	u or Guaine	iu		
2. Principal Place of Business 2a. Mailing Address								Number			TAP	plied For
- 110								59-2407891				t Applicable
21 46 16 US 11WY P1 26 Suite, Apt. #, etc.											\$8.75 A	
								rtifcate of Stat	us Desired		Fee Re	
								ection Campai	n Financin		\$5.00	May Be
23 Lero Bouch Fl 28								st Fund Cont	-	a 🗆	Added t	
Zip Country Zip				Country			8. Th	is corporation	owes the ci	urrent year	Intangible	
7329	67 25	29	30					rsonal Proper		•	Yes	□No
	9. Name and Address of Currer		11-			1	10. Na	me and Add	ess of Nev	v Register	ed Agent	
				81	Name							1
	ARO, RONALD S., ESQ.			82	Ctroot	Addroop	(B.O.	Roy Number	is Not Acce	ntable)		
3621 20TH ST				02	otreet.	Address	lress (P.O. Box Number is Not Acceptable)					
VER	D BEACH FL 32961			83								
											10=1 Zin (200
				84	City					F	L 85 Zip (Code
agent. I a	to the provisions of Sections 607.0507 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	itions of, Section 607.0505, Fig	origa Sta	atutes	•	required who		_		DATE		
12.		ID DIRECTORS	13						NGES TO	OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1	1.1 TITLE							Change	☐ Addition
NAME	FLEISHER, DOUGLAS						16430 53 (N STREET 1640 Beach, FI 32467					
STREET ADDRESS	716 20TH AVE		1.3	STREET	ADDRESS	1040	30	53 W	57 Ne	<i>®</i>		ì
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TITLE		☐ DELETE		TITLE		1					Change	☐ Addition
NAME			4.3	NAME								<u> </u>
STREET ADDRESS			4.3	STREE	ADDRESS							
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NAME				NAME								
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CITY-ST-ZIP			5.4	CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1	TITLE		†					Change	Addition
NAME			6.2	NAME								
STREET ADDRESS			6.3	STREE	TADDRESS	:						
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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.

SIGNATURE: