PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83692 1. Corporation Name

PERFECTION POOL SERVICE, INC.

Principal Place	e of Business	Mailing Address			- 1 SABINITI BAN INIMA SIIKA DISIN INIIN ISUK BININ NINII NINI	S MENT NINE MENE	(88)	
% A, WAYNE BULMAN % A, WAYNE BULMAN					\	•		
280 N.W. 118TH AVE. 280 N.W. 118TH AVE.								
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	<u>'E</u>		
					04/26/1989			
9 Deimoinal D	lace of Business	2a. Mailing Address			4, FEI Number	Applied Fo		
<u> </u>					65-0117276	Not Applic		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					_ \$8	.75 Additiona		
22 27					5, Certifcate of Status Desired	ee Required		
City & State					6. Election Campaign Financing \$	5.00 May Be	∍ :	
23					Trust Fund Contribution A	dded to Fees		
Zip	Country	Zip C	ountry	t	8. This corporation owes the current year Intangible	e		
24	25	29 30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent			
RIII	MAN, A. WAYNE		01	Name				
280 N.W. 118TH AVE.			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33071			83		,			
}			"					
			84	1 '	poration submits this statement for the purpose of change	Zip Code		
SIGNATURE	Elgnature, typed or printed game of registered age	int and title if applicable. (NOTE: Registr	red Age		on's board of directors. I hereby accept the appointmen 4/ f/9 ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIF			
12.	PTV OFFICERS A		3.	$\overline{}$			ddition	
TITLE	BULMAN, A. WAYNE		NAME					
NAME	AND ALMS AROTH AND	1		T ADDRESS	•			
STREET ADDRESS	CORAL SPRINGS FL		CITY-S					
CITY-ST-ZIP	S	DELETE 2.1 TI		11-21		hange A	Addition	
NAME	BULMAN, A. WAYNE		2 NAME	1				
STREET ADDRESS	000 NIN 440TH AVE			T ADDRESS				
CITY-ST-Z/P	CORAL SPRINGS FL			ST-ZIP				
TITLE			TITLE			hange	ddition	
NAME		3.	2 NAME				,	
STREET ADDRESS		3.	3 STREE	T ADDRESS				
CITY-ST-ZIP	3-1	3.	4. CITY-	ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE 4.	1 TITLE	}		hange	ddition	
NAME		4.	2 NAME					
STREET ADDRESS		, 4.	3 STREE	TADDRESS				
CITY-ST-ZIP			CITY-S	ST- ZIP		<u> </u>		
TITLE			1 TITLE	Ì	Пе	Change	Addition	
NAME			2 NAME		·			
STREET ADDRESS	(T ADDRESS				
CITY-ST-ZIP			CITY-S	11-ZIP		hange	Addition	
(TITLE	1	· Parters				00		
NAME		- 6	2 NAME					

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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90097 038 ***150.00