FILENOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED** OFIT ELORIDA DEPARTMENT DE STATE CORPORATION May 06 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** TIDAL POOL & PATIO. IN C Principal Place of Business Mailing Address 7820 NW 33351 LANDEAHILL, 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 7820 NN 54 CT NN Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be LAUDEAHILL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, BAWA 10 Yes No Florida Statutes 29 10. Name and Address of New Registered Agent R1 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 farr-har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) topial.com typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96 6 96 DELETE 1.1 11116 Change Addition bild 1.2 NAME 1.3 STREET ADDRESS STREET ADORESS CHY ST-ZIE 1.4 CITY - ST- ZIP Change 1011.6 2.1 TITLE Addition 5.0516 22 NAME STREET ADORESS 2 3 STREET ADDRESS 2 4 CITY - ST-ZIP OHY 51 26 DELETE Change 1011.1 3.1 TITLE Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 34 CITY-ST-ZIP DELETE A 1 TITLE Change Addition 1.00 NAMI 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP O Y SL ZI DELETE Change Addition 105 F SITILE HAME 5.2 NAME STREET ANDRESS 5 3 STREET ADDRESS 54 CITY - ST - ZIP 999992178899 DELETE 61 TITLE ☐ Addition Table -05/14/97--01104--028 ***165.00 NAME 6 2 NAME 50071700000 6.3 STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE: SIGNATURE SIGNATURE AND TOPE OF PRINTED NAME OF SIGNING OFFICER OF CHRECTOR PRINTED NAME OF SIGNING OFFICER OF CHRECTOR CHRECTO

or on an attachment with an address.

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 then 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