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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(8)

Feb	17	199	8 8	:00	am
Se	ecre	tary	of	Sta	ite

CLEA	in & Shine Pool Servici	E, INC.			Badan badan baban badan badan deba
Principal Plac	e of Business	Mailing Address		- I HABINAN ANA KURUA NUBUK NIDNA KUBUA HINI AKBA	I BIBIN BIBNI BIBNI BIBNI BIBNI TABN
4113 NW 78 TERRACE 4113 NW 78 TERRACE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3306			65		
US US				DO NOT WRITE IN TH	S SPACE
Ì				3. Date Incorporated or Qualified	
				10/10/1989	
.	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0193132	Not Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
27		City & State			
		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	<u></u>	10	Personal Property Tax due June 30.	Ves No
	g, Name and Address of Curre		-1	10. Name and Address of New Registers	
	SCHNEIDER, SHIRLEY		81 Name		
	1113 NW 78 TERRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33065		oz Street Addi	ess (F.O. Box (voiribe) is not Acceptable)	
]			83		
]			24 64		- 10-1 7:0 C-10
j			84 City	F	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au jations of, Section 607.0505, Flori	thorized by the corporati da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	_				}
SIGNATORIE	Signature, typod or printed name of registered ag	ent and little if applicable (NOTE I	Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D SALESTON	☐ DELETE	1.1 TITLE		Change Addition
NAME	TALBERT, JOSEPH		12 NAME		.]
STREET ADDRESS	4113 NW 78 TERRACE		1.3 STREET ADDRESS		Į
CITY-ST-ZIP	CORAL SPRINGS FL	Delete	1.4 CITY-ST-ZIP		
TITLE	D ACIEDNO IEEEDEV	☐ DELETE	2.1 TUTLE		Change Addition C
NAME	ACIERNO, JEFFREY		2 2 NAME		İ
STREET ADDRESS	4113 NW 78 TERRACE		2.3 STREET ADDRESS		ţ
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE					THE PERMITTED IN MUSICION
NAME PERFET ADDRESS			3 2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		L. Detter	4. 2 NAME		change channel
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS 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 CHY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
		·			

114. 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.