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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1, Corporation Name
FIVE STARS POOL 8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # L84497

(1)

FILED Apr 14 1998 8:00am Secretary of State

### Principal Place of Business Mailing Address #### Principal Place of Business #### Principal Place of Business #### Principal Place of Business ##### Principal Place of Business ##################################	FIVE S	TARS POOL & SPA INC	•			
SEASTINN FI. 29598 US 2. Principal Place of Business 2. A Maring Address 2. Principal Place of Business 2. A Maring Address 2. A Ref Number 2. Sust. April 4, etc. 2. Sust. April 4, etc. 3. Sust. April 4,	Principal Place	of Business	Mailing Address			
3. Date Incorporated or Qualified (6)(22/1990) Solito. Apt 4, ord. 26 Solito. Apt 4, ord. 27 Solito. Apt 5, ord. 28 Solito. Apt 5, ord. 29 Solito. Apt 5, ord. 20 Solito. Apt 5, ord. 2	SEBASTIAN FL 32958		SEBASTIAN FL 3295	8		
2. Principal Place of Business 2a. Mailting Address 4. ETR Number Application 5. Certificate of Status Departed 5. Series 5. Certificate 5. Series 5. Certificate 5. Series 5. Ser	US		US			
2.) , · · .	
Suite. April 4, otic	2. Principal Pl	ace of Business	26. Mailing Address			
Suite Apt #, etc. Suite Apt #, etc. Suite	21		26			
City & State City & C		#, etc.	Suite, Apt. #, etc.		CO 7E Additional	
29 Country Xp Xp Xp Xp Xp Xp Xp X	22				Fee Required	
Zop)	├ ── '			
25 26 30 Personal Property Tax due Juine 30 Vos No No No No No No No		Country		Country		
9. Name and Address of Current Registered Agent JACKSON, LINDA 996 FLAMONDO AVENUE SERASTIAN FL 329S8 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. or hold, in the State of Florids, Such change was adhorized by the Corporation submits this statement for the purpose of changing its registered office or registered agent. The manifest was precised except the submits. Statement for the purpose of changing its registered office or registered agent. The manifest was precised except the submits. Statement for the purpose of changing its registered office or registered agent. The manifest was precised except the submits. Statement for the purpose of changing its registered office or registered agent. The manifest was precised agent. The purpose of changing its registered office or registered agent. The manifest was precised agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered agent. The purpose of changing its registered agent in purpose of changing its registered agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of changing its registered agent in purpose agent. The purpose of cash agent in purpos	<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
SEBASTIAN FL 32988 Bit City FL St Zip Code						
SEASTIAN FL 329S8 B2 Sire LAddress (P.O. Box Number is Not Acceptable)	JAI.	CKSON, LINDA		B1 Nam	ne	
SEBASTIAN FL 32058 83 94 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered with a purpose of cha				82 Stree	et Address (P.O. Roy Number is Not Accentable)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agrent, or both, in the State of I forids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agrent, or both, in the State of I forids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agrent. I and trainals with a product of copy of agreed with a fragitation of Section 607 0505. Florids Statutes. SIGNATURE SIGNATURE SIGNATURE ON I Firefles AND DIRLC FORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12. 14. D. DATE 15. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12. 17. STATE					of Addieses (1.2. Box Hambel to Hot Accoptable)	
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registored office or registored agont, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, and accept the subjective designations of, Soctions 607 0505, Florida Statutes. SIGNATURE Signature in a first provision of Soctions 607 0505, Florida Statutes. The appointment as registered agont. I am familiar with an appointment as registered agont. Society of the secretion of the first provision of				83		
11. Pursuant to the provisions of Sections 607 0560 and 607 1508. Florids Statutes, the ebove-named corporation submits this statement for the purpose of changing its registered office or registered agont, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, in the state of Florids Statutes. The agont is made agont agont and accept the glaptanise of, Schorids Statutes. SIGNATURE SIGNATURE SIGNATURE DATE 12. OF LICENS AND DIRL CIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRLCTORS IN 12 14. OFFICERS AND DIRLCTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRLCTORS IN 12 16. OFFICERS AND DIRLCTORS IN 12 17. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRLCTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRLCTORS IN 12 19. Change Addition				84 City	- 85 Zip Code	
Signature Signature type Signature	l			1 1	FL ' '	
Signature Signature type Signature	11. Pursuant t office or re	to the provisions of Sections 607. egistered agent, or both, in the S	'.0502 and 607.1508, Florida St State of Florida: Such change w	atules, the above-name vas authorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
12	agent. I ar	n familiar with, and accept the o	1 1	5, Florida Statutes.	11 - 00	
18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature type or product party of records	1.U. T	(NOTE: Bookstored Agent signatu	three required when reinstating)	
TITLE				·		
STREET ADDRESS SEBASTIAN FL	TITLE		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
SEBASTIAN FL	NAME			1.2 NAME]	
TITLE	STREET ADDRESS			1.3 STREET ADDRESS	s	
NAME DORAN, TODD 22 NAME 23 STREET ADDRESS SEBASTIAN FL 24 CITY-ST-ZIP						
STREET ADDRESS SEBASTIAN FL 23 STREET ADDRESS SEBASTIAN FL 24 CITY-ST-ZIP	i 1	•	☐ DELETE		Change Addition	
CITY-ST-ZIP SEBASTIAN FL	1					
TITLE					S	
NAME		OCOMOTIVOT PL	DELETE		Change Addition	
STREET ADDRESS	l l				, orange in promote	
STREET ADDRESS STRE	i [8	
TITLE						
### STREET ADDRESS #### CITY-ST-ZIP #### TITLE #### DELETE #### DELETE #### DELETE ##### DELETE #################################			☐ DELETE		Change Addition	
A CITY-ST-ZIP	NAME			4.2 NAME		
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS	s	
NAME	CITY-ST-ZIP			4.4 CITY-ST-ZIP		
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	1 I			5.2 NAME		
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CRTY-ST-ZIP 6.4 CRTY-ST-ZIP				5.3 STREET ADDRESS	s	
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CRTY-ST-ZIP 6.4 CRTY-ST-ZIP						
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	I		L DELETE		Change L_I Addition	
CHY-ST-ZIP 6.4 CHY-ST-ZIP						
	1				15	
		ortify that the information supplies	ed with this filing does not goal		ated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information	

18. Thereby cortry that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

TURE AND TYPED OR PRINCED NAME OF SKINING OFFICER OR DIRECT

4-7-98

5-45-55-1-4