SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(1)

Mailing Address

CHAMPION POOL SERVICE, INC.

FILED								
Jul 29	1998	8:00am						
Secr	etary (of State						



% WILLIAM R. P O BOX 189 PORT SALERNO			% William R. Batt P o Box 189 Port Salerno Fl				DO NOT WRIT	E IN THIS S	PACE		_
							3. Date Incorporated or Qualified 02/22/1988			,	
2. Principal P	lace of Business		2a. Mailing Addres	s			4. FEI Number			Applied For	+
21	Same		26 5	ama			65-0030949			Not Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, e	tc.			5. Certificate of Status Desired			5 Additional Required	
City & State	e		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees]
Zíp 24	25	Country	Zip 29	9 30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
<u> </u>		Address of Current	Registered Agent			r-:	10. Name and Address of New Re	gistered Ag	ent]
	TAGLIA, WILLIAI	/I R.			81	Name					
	SW 35 TH ST M CITY FL 3499	0			82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)			1
					83						
					84	City		FL		ip Code	
office or i	regist ere d agent, d	ਮ both, in the State c	and 607.1508, Florida of Florida. Such change igns of, section 607.05	was authoriz	ed by	the corpora	poration submits this statement for the pur ation's board of directors. I hereby accept	pose of ch an the appoints	ging its nent as	registered registered	1
_	. / <u>/</u>	d name of registered agent		[Same				
	Signature, typed or print					geril signature r	equired when reinstating)	DATE	DIDEC	7000 11 10	J ;
12.	DP .	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13	TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND	T		- 3
NAME	BATTAGLIA, W	IIIIAM R	L] DELE	.16	NAME			L_	Chang	e Addition	
STREET ADDRESS	2655 SE CARE					ADDRESS					lì
CITY-ST-ZIP	STUART FL			R	CITY-ST						18
TITLE			DELE		TITLE				Chang	e Addition	1
NAME			, 1520		NAME			_	, chang	D NOOLOON	
STREET ADDRESS				2.3 5	STREET	ADDRESS					
CITY-ST-ZIP				2.44	CITY-ST	-ZiP					
TITLE			[.] DELF	₹E 3.1	TITLE				Chang	e Addition	1
NAME				3.2	NAME						
STREET ADDRESS				3.3 5	TREET	ADDRESS					
CITY-ST-ZIP			<u> </u>	3.4 (CITY-ST	-ZIP					
TITLE			L. J DELE	TE 4.1	Πιτι€				Change	e Addition	
NAME				4.21	NAME						
STREET ADDRESS				4.3 5	TREET	ADDRESS					
CITY-ST-ZIP			i	· · · · · · · · · · · · · · · · · · ·	CITY-ST	-ZIP					1
TITLE			[] DELE	'-	ITLE			L	Change	e L Addition	
NAME					AME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					ITY-ST	·ZIP	·				4
TITLE			L] DELE	'-	ITLE		والتناء والتناو والتاو والتال والتاو والتال والتار		Change	· 	
NAME					IAME		500002 60 -08/06/38010	_#©#©# 18720#	, CO	PE	
STREET ADDRESS				1		ADDRESS	***155.00)() ~ () ()	U	PE 7.29	
CITY-ST-ZIP				6.4 (TR-YTIC	-ZIP ‡	不不不上のの。UD			- •	1

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.

7-20-98

Division of Conforations,

Decond Setter

Dyd

Joday & rolled 487-6059 Line 2 and

was assured that the late get would be

wared because of not receiving my first

notice.

Enclosed is my renewal see.

Dincerely, William R. Battoglia Champion Pool See. Inc.