


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

FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90003 049 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M88335

1. Corporation Name
GULFSHORE POOL SERVICE OF NAPLES, INC.



Principal Place of Business 3470 23RD AVENUE SW P.O. BOX 7474 NAPLES FL 33964 US	Mailing Address P.O. BOX 7474 NAPLES FL 33941 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 931 Inlet Dr. Suite, Apt. #, etc. 22 City & State 23 Marco Island FL Zip Country 24 34145 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 34101 30	3. Date incorporated or Qualified 07/01/1988	4. FEI Number 65-0055084 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent STEFFEY, ROBERT S. 3470 23RD AVE SW NAPLES FL 33964	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 931 Inlet Dr. 83 84 City Marco Island FL 85 Zip Code 34145
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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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFEY, ROBERT S. JR.	1.2 NAME	
STREET ADDRESS	3470 23RD AV SW	1.3 STREET ADDRESS	931 Inlet Dr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFEY, LINDA R.	2.2 NAME	
STREET ADDRESS	3470 23RD AVE SW	2.3 STREET ADDRESS	931 Inlet Dr.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Linda R. Steffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99
Date

941 566-7665
Daytime Phone #

CR2E034 (11/98)