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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043387

Corporation Name

Principal Place of Business

A SPLASH ABOVE POOL SERVICE, INC.

869 N.W. 6TH AVE. 869 N.W. 6TH AVE. BOCA RATON FL 33432 BOCA RATON FL 334 US			2			DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualified 06/10/1993			
Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	
26						65-0419972		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			-			5. Certifcate of Status Desired	T	Additional	
27						5. Certificate of Status Desired	Fee R	equired	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
¬ ' ′	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			Country		8. This corporation owes the current year Int	angible		
- '	25		30			Personal Property Tax. Yes No			
24	9. Name and Address of Cu					10. Name and Address of New Registered	Agent		
<u>-</u>		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	1 N	ame				
DUMKE, RODNEY 869 N.W. 6TH AVE			82 Street Add			dress (P.O. Box Number is Not Acceptable)			
BUC.	A RATON FL 33432		8	13	·	要求,我们就可能的证据	15.7 1561	15-16-18	
BOO	A INTON I E OUTOE		١	~		行。1912年第1日2月2日 新		1 - 2 in 148 (4)	
r,			1	14 C	•	poration submits this statement for the purpose of ion's hoard of directors. I hereby accept the appo	85 Zip		
	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:		gent sigr	ature requir	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
12.		DELETE	1.1 TITLE		T.	7. C. 10.73	☐ Change		
TITLE '	D DUBLIE DODNEY I		1.2 NAM		-				
NAME .	DUMKE, RODNEY L		1.3 STRE		DECC				
STREET ADDRESS	869 N.W. 6TH AVE.		1.4 CITY		1	·		42 4 5	
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	2,1 TITLE				Change	☐ Addition	
TITLE -	D DINNE CINDY I	- Jack	2.2 NAM			· ·			
NAME .	DUMKE, CINDY L	The state of the s	2.3 STRE		DESS	. •			
STREET ADDRESS	869 N.W. 6TH AVE.		2.4 CITY				,	•	
CITY-ST-ZIP	BOCA RATON FL	Total Annual Control of the Control	3.1 TITL				☐ Change	Addition	
TITLE	latine state in the	DELETE	3.2 NAM			•			
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STREET ADDRESS						- 1000 1000 1000 1000 1000 1000 1000 10	, 1,3 4 (;)		
CITY-ST-ZIP			3.4. CIT				Change	Addition	
TITLE		☐ DELETE		-					
NAME	1.6	☐ DELETE		ME		en e	•		
STREET ADDRESS		☐ DELETE	4, 2 NAM		NDE DE	er en	•		
CITY-ST-ZIP	* \$10 M		4, 2 NAA 4,3 STR	REET ADI		en e	•		
	\$10 PM	Agricultural States	4, 2 NAM 4,3 STR 4,4 CITY	REET ADI			Change	e Addition	
TITLE	* (2.1 %)		4. 2 NAA 4.3 STRI 4.4 CITY 5.1 TITL	REET ADI Y-ST-ZII E			☐ Change	e Addition	
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TITLE		Agricultural States	4, 2 NAA 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	REET ADI Y-ST-ZII LE ME REET ADI	DRESS		☐ Change	e Addition	
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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 13 or Block 13 if changed, dr. on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN.13, 1999 (SU)367-0306

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90049 013 ***150.00

CR2E034 (11/98)