PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90081 027 ***150.00

1999 DOCUMENT # PO300081154

1. Corporatio		00001104				1					
ALEXAN	DER'S POOL SERVICE.	INC.									
						1990					ì
Principal Plac	e of Business	Mailing Addres	s								
321 N CONGRI		P O BOX 7885		•							
DELRAY BCH FL 33445 DELRAY BEACH FL 33484-28 US US						DO NOT WRITE IN THIS SPACE					
} ⁰⁰		00				3. Date incor	orated or Qualifed	.			7
ł						11/18/19	193				
2. Principal P	lace of Business	2a. Mailing Add		<u>C</u>		4, FEI Numbe	nr			Applied For	
21 321 1	N. Convices Alle	26 P.OE		8		59-3220	862			lot Applicable	4
Sulte, Apt.	#, etc.	Suite, Apt,		T 2	33468	5. Certifcate	of Status Desired			Additional Required	1
22			rect-	Lr 3	2 100				===		+
City & State	9	City & State	3				mpaign Financing Contribution			May Be	
23 Zip	Country	Zip		Country	,		ation owes the cur	ent year Inta			٦
24	25	29	34	o i			roperty Tax.		☐ Yes	□No	
	9. Name and Address of Ci	urrent Registered Agent				10. Name and	Address of New	Registered A	gent		4
		_		81	Name						1
IVEY, RAYMOND M ESQUIRE				82	Street Add	dress (P.O. Box Nu	nber is Not Accepta	able)			7
2632 NW 43RD ST, SUITE A102											4
	NESVILLE FL 32606			83							
GALI	AESAILLE I C SZOUG			84	City			FL	8:5 Zip	Code	7
 		7 0500 and 607 4500 61m	ido Clabida a	the above	nomed co	memtion submits th	e statement for the	numose of o	har ging if	s registere 1	\dashv
office or r	to the provisions of Sections 607 registered agent, or both, in the 5 rm familiar with, and accept the o	State of Florida. Such cha	nge was aut	orized by	the corporal	tion's board of direc	ors. I hereby accep	t the appoin	mentas r	egistered	
	on familiat with, and accept the o										
1	an ignation with and according to	onigations of, Section 607	.0505, Florid	a Statutes.							
agent. Fa	Signature, typed or printed name of registers					red when reinstating)		DATE			١,
1	Signature, typed or printed runne of registers	ed agent and title if applicable.	(NOTE: Re			red when reinstating)	CHANGES TO OF	DATÉ	DIRECT	ORS IN 12	ع و
SIGNATURE	Signature, typed or printed runne of registers	ed agent and title if applicable.		gistered Agen		red when reinstating)		DATÉ		ORS IN 12	ع و
SIGNATURE	Signature, typed or printed name of registers OFFICER P HELSH, MICHAEL	ed agent and title if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	il signatura requi	red when reinstating)		DATÉ	DIRECT	ORS IN 12	Í
SIGNATURE 12. TILE	Signature, typed or printed name of registers OFFICER P HELISH, MICHAEL 4555 PINETREE DR	ed agent and title if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	A signature requi	red when reinstating)		DATÉ	DIRECT	ORS IN 12	ع و
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER P HELISH, MICHAEL 4555 PINETREE DR DELRAY BCH FL	ad agent and title if applicable. S ANO DIRECTORS	(NOTE: RE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	A signature requi	red when reinstating)		DATÉ	DIRECT	ORS IN 12	500000
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-2IP TILE	OFFICER P HELISH, MICHAEL 4555 PINETREE DR DELRAY BCH FL	ad agent and title if applicable. S ANO DIRECTORS	(NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	A alignature requi	red when reinstating)		DATÉ	DIRECT	ORS IN 12	500000
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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 cath; that I am an officer or director of the corporation or the fecsiver or trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an absorption with an address, with the other like empowered.

SIGNATURE:

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