Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084440 1. Corporation Name

PERFECT POOL INTERIORS INC.

		1.031,231,110,131,23,111,131,23
Principal Place of Business	Mailing Address	
3518 SE 18TH PLACE CAPE CORAL FL 33904 US	3518 SE 18TH PLACE CAPE CORAL FL 33904 US	DO NOT WR
	<u>rangan ang managan ang man</u>	3. Date Incorporated or Qualifed 12/10/1993
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0453271
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	Election Campaign Financing Trust Fund Contribution
Zip Country	Zip Cou	

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90002 002 ***150.00



DO NOT WRITE IN THIS SPACE

n Campaign Financing \$5.00 May Be und Contribution Added to Fees 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORTON, ALLEN 3518 SE 18TH PL 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLÈ ☐ DELETE 1.1 TITLE Change Addition NAME MORTON, ALLEN 1.2 NAME STREET ADDRESS 3518 18TH PLACE 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ST ☐ DELETE 2.1 TITLE ☐ Addition NAME MORTON, SANDRA 2.2 NAME STREET ADDRESS 3518 18TH PLACE 2.3 STREET ADDRESS CAPE CORAL FLS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition ☐ Change NAME: (10) 3.2 NAME ISE WAY WIT STREET ADDRESS 3.3 STREET ADDRESS E CORAL FL SYS H CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE NAME (16 1871) 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIE 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 100 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP WARREN BUILT TITLE ☐ DELETE 6.1 TTRE Change ☐ Addition 3518 167月 包集局 NAME 6.2 NAME

14. Thereby 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-71P

DAPE COALL OF

STREET ADDRESS

CITY-ST-ZIP

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CR2E034 (11/98)