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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000002108 (6)

PILOT POOLS, INC.

Principal Place of Business Mailing Address

12356 WILES RD CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

21

12356 WILES RD CORAL SPRINGS FL 33076

2a. Mailing Address

Suite, Apt. #, etc.

**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 01/10/1994 4. FEI Number

65-0458378

22 Suite, Apt.	#, etc.	27 Suite, Apr. W, etc.			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution   Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29 30	]		Personal Property Tax due June 30. 🗷 Yes 🔲 No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
BLASI, ANDREW			81	Name	-
7900 GLADES ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)
SUITE 445					
В	OCA RATON FL 33434		83		
			84	City	85 Zip Code
		-		,	<b>FL</b>   '
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 reinstalling)  DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	□ DELETE	1,1 TITLE		Change
NAME	BERTOLAMI, ANGIE	j	1.2 NAME		
STREET ADDRESS	12356 WILES ROAD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1,4 CITY-S	T-ZIP	
TITLE	\$	☐ DELETE	2.1 TITLE		Change Additio
NAME	BERTOLAMI, PAUŁ		2.2 NAME		
STREET ADDRESS	12356 WILES ROAD		2.3 STREET	ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	ŀ	☐ Change ☐ Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		DELETE	5.1 TITLE		Change L Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	
TITLE		DELETE	6.1 TITLE		Change L Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for the	he exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
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					