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

Mailing Address

7231 RADIO RD.

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business 1013 OAK FOREST DR.



DOCUMENT # P9400004698

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90023 002 \*\*\*150.00

ADVANCED POOL DESIGN OF NAPLES, INC.	

US	NAPLES FL 339 US	342	#522 Naples fl 33942				DO NOT WRITE IN THIS SPACE							
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City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sime and Address of Current Fegistered Agent  THREIKEID, MICHAEL B  1013 OKA FOREST DR.  NAPLES FL 33942  11. Pursuant to the provisions of Sections 607 0502 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each the obligation of Sections 607 0502 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each the obligation of Section 607 0502 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each the obligation of Section 607 0505 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each the obligation of Section 607 0505 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each of the obligation of Section 607 0505 and 807, 1508, Florida Statutus, the above-named corporation's board of directors. I hereby accept this apprintment as registered agent and mainlain with, and each of the obligation of the propose of changing its registered agent. I am mainlain with, and each of the obligation of the propose of changing its registered agent. I mainlain with, and each of the obligation of the propose of changing its registered agent. I mainlain with, and each of the obligation of the propose of changing its registered agent. I mainlain with, and each of the obligation of the propose of changing its registered agent. I mainlain with, and each of the obligation of the propose of changing its registered agent. I mainlain with, and each of the obligation of the propose of changing its reg	Suite, Apt	#, etc.		<del>-</del> 7	Suite, Apt. #, etc.				5. Certifcat	of Status Desired		-		
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9. Name and Addrs so of Current Fegistered Agent  10. Name and Addrs so of Current Fegistered Agent  11. Pursuant to the provisions of Sections 607 0002 and 607 1508. Florida Statutes. The above-named or registered Agent segment or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its resistered office or registered agent. I am familiar with, and accept the obligations of. Sections 607 0002 intil 607 1508. Florida Statutes. The above-named or registered agent or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its resistered agent. I am familiar with, and accept the obligations of. Sections 607 0000. Florida Statutes. The above-named or registered agent agent agent with, and accept the obligations of. Sections 607 0000. Florida Statutes. The above-named or registered agent age	<del></del> _	Count		<del></del>	Col	intrv					ent vear In		200 10	
9. Name and Address of Current Fegistered Agent  THRELKELD, MICHAEL B 1013 OKA FOREST DR.  NAPLES FL 33942  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statuties, the above-named cor suration submits this statement for the purpose of changing its registered agent. I am milliam with, and each pit the obligation of on. Sections 607 0502 and 607.1508, Florida Statuties, the above-named cor suration submits this statement for the purpose of changing its registered agent. I am milliam with, and each pit the obligation of on. Sections 607 05002 and 607.1508, Florida Statuties, the above-named cor suration submits this statement for the purpose of changing its registered agent. I am milliam with, and each pit the obligation of on. Sections 607 0500. Florida Statuties.  SIGNATURE  11. Pursuant to the provisions of Sections 607 05002 and 607.1508, Florida Statuties, the above-named or suration submits this statement for the purpose of changing its registered agent. I am milliam with, and each pit the obligation of the corporation's board of directors. I hereby accept the appti internet as registered agent. I am milliam with, and each pit the opposition of the purpose of changing its registered agent. I am milliam with, and each pit the opposition of the purpose of changing its registered agent. I am milliam with, and each pit the opposition of the purpose of changing its registered agent. I am milliam with, and each pit the opposition of the purpose of changing its registered agent. I am milliam with, and each pit the opposition of the purpose of the opposition of the purpose of changing its registered agent. I am milliam with, and each purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of the opposition of the purpose of the opposition of th	¬ ·	— ·	· -	<del>-</del> 7					1		en year n			No
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SIGNATURE   THE	office or r	egistered agent, or both	r. in the State of Fl	orida. Such change was a	authorize	C Dy	tne cor	porat on	n's board of direc	ctors. I hereby accep	ot the appoi	ntment a	is regis	tered
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13.   ADDITIO \s/CHANGES TO OFFICERS AND DIRECTOR \( \) \(	SIGNATURE	Stonature, typed or printed nam	a of registered agent and	title if applicable. (NOT	E Registere	d Agen	t signatur	v be riupen	when reinstating)		DATE	<del></del> .		
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officer or director of the corpora for 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 corpora ion 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:

914-352-6622