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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013998 (7)

BRANDON POOL SITTERS, INC.

Principal Place of Business Mailing Address							I (MAISMAN SAM SRISI MINN ANDEL MALSI ANDIE	Allen Stadt etten ill	118 18181	1 Milt (Må)	
203 PROVIDENCE RD. P.O. BOX 1434 G-37 BRANDON FL 33509-14 BRANDON FL 33510 US											
US						3. Date incorporated or Qualified 02/06/1996 3a. Date of Last Report 02/06/1996					
	al Place of Bus	iness	2a. Mailing Address	2a. Mailing Address			4, FEI Number		Ap	plied For	
21			26				64-0471051 Not Applicable				
22	Apt. #, etc.		Suite, Apt. #, etc	27			5. Certificate of Status Desired Section Secti				
City & State			City & State	28			Election Campaign Financing Trust Fund Contribution			May Be o Fees	
Zip	·				ıntry		8. This corporation has liability for in		der s.	199.032,	
24	9. Name and Address of Currer		ant Registered Agent	[30]			Florida Statutes 10. Name and Address of New Reg	Yes No			
		· · · · · · · · · · · · · · · · · · ·	BILL LIGHTED CO AGEIL		81	Name	(b) Haille Bild Address VI (401) Ne	ISTAL DO MONIT			
	BADER, JANE 3002 RIDGE \										
	VALRICO FL				82	Street Ad	dress (P.O. Box Number is Not Acceptab	8)			
					83						
					84	City		FL 85	Zip C	Code	
11. Pursu office agen SIGNATU	t. I am familiar v RE	vith, and accept the obl	igations of, Section 607,050	05, Florida Sta	tutes		rporation submits this statement for the p ation's board of directors. I hereby accep		jing its int as i	s registered registered	
12.	Signature, type	d or printed name of registered a	agent and title if applicable	(NOTE: Registere	d Age	ni signature req	julied when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	CTOD	C INI 12	
TITLE	Ď	OFFICERS A	DELETI		ITI E		ADDITIONS/CHANGES TO OFFIC	Ch		Addition	
NAME	RADER	LOUIS J III		1,2 N					go		
STREET ADDR	5555 5	DGE VALE CIRCLE				ADDRESS					
CITY-ST-ZIP	VALIDIO	O FL 33594			ITY - S'						
TITLE	VP		☐ DELETI					☐ Ch	ange	Addition	
NAME	BADER	, JANET D		2.2 N	AME						
STREET ADDI	FSS 3002 R	IDGE VALE CIR.		2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	VALRIC	0 FL		2.40	ITY-\$	ST - ZIP					
TITLE			☐ DELET	E 3.1 T	ITLE			∐ Ch	auđe	Addition	
NAME				3.2 N	AME	1					
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NAME				6.2 %	AME				-		
STREET ADD	RESS					ADDRESS	\$				
CITY-ST-ZIF				6.4 0	YTY-S	T- Z IP					
14 Ldo	hereby certify th	at the information supp	lied with this filing does not	quality for the	AXA	motion stat	ed in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega	. I further certify	y that	the	
l am	an officer or dir	ector of the corporation	or supplemental annual repo or the receiver or trustee er , or on an attachment with a	mpowered to	accl exec	ute this rep	nat my signature snall have the same legator as required by Chapter 607, Florida S	tatutes; and that	t my n	iame	