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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014021 (7)

G & S POOL SERVICE, INC.

FILED Jan 21 1998 8:00am Secretary of State

	TOOL OLIVIOL, MO.							
Principal Place of Business Mailing Address						- FIGHTIOD I SEM FOLIA MINEL HOUSE BOSEL BOSES ON	/101 EL911 B1011 B0110 IIU	JOH 1101 7001
4023 NW 1 ST PLACE 4023 NW 1 ST PLACE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344				42		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						02/17/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
21 26						65-0465814	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			5. Certificate of Status Desired	\$8.75	Additional
22 27						6. Certificate of Status Dealed	Fee Re	equired
City & State City & State						6. Election Campaign Financing	_ \$5.00	May Be
23 28			Country			Trust Fund Contribution L	Added t	to Fees
Zip	Country Zip			try		8. This corporation owes or has paid the		1
24	25 29 30 29 Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Regist		No
		negistered Agent	<u> </u>	31 N	lame	10. Name and Address of New Regist	ered Agent	
CHORZELEWSKI, STEVEN J 4023 NW 1 ST PLACE DEERFIELD BEACH FL 33442				or Name				
				32 S	treet Addr	ddress (P.O. Box Number is Not Acceptable)		
				33				
			j`	~				
			Ī	34 C	ity		FL 85 Zip C	Code
44 Dureugnt	to the provisions of Sections 607 0500	and 607 1608 Florida Statu	itor the ab		amed corn	oration submits this statement for the purp		re registered
office or r	egistered agent, or b oth, in the State :	of Florida. Such change was	authorized	by the	e corporati	on's board of directors. I hereby accept th	e appointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.				Į.
SIGNATURE	Signature, typed or printed name of registered agen	Land Ide it explosted AM	TE: Docimand	Apopl e	goalus roquire	ed when reinstating)	DATE	
12.	OFFICERS AND		13.	-cyoni si	grain a require	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PT DELÈTE 1.			E.		7.85577577577775277	Change	Addition :
NAME	CHORZELEWSKI, STEVEN J		1.2 NAM	1E				
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A			1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP		- 1			13
TITLE				2.1 TITLE			Change	☐ Addition
NAME	CHORZELEWSKI, GEORGEAN	NE J	2.2 NAN	IE				
STREET ADDRESS 4023 NW 1ST PLACE				2.3 STREET ADDRESS				
CITY-ST-ZIP DEERFIELD BEACH FL 33442			2. 4 CIT	2. 4 CITY-ST-ZIP				
TITLE				3.1 TITLE			Change	Addition
NAME			3.2 NAN	IE	- 1			1
STREET ADDRESS			3.3 STR	ET ADD	RESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	IP			
TITLE		DELETE	4.1 THE	E			Change	☐ Addition
NAME			4. 2 NAI	Æ				
STREET ADDRESS			4.3 STR	ET ADD	RESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZI	Р			
TITLE	DELETE 5.1 T		5.1 TITL	E			☐ Change	Addition
NAME			5.2 NAM	Æ				
STREET ADDRESS			5 3 STR	E1 ADD	RESS			
CITY-ST-ZIP			5.4 C/TY	- ST - ZI	Р			
TITLE		☐ DELETE	6.1 THL	E			☐ Change	Addition
NAME			6.2 NAN	E	ſ			1
STREET ADDRESS			6.3 STR	ET ADD	ress			
CITY-ST-ZIP			6.4 CITY	- ST - ZI	P			

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 suppliemental 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 changed, or on an attachment with an address.

CIONATURE: Stand Challe

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