May 01, 1999 8:00 am Secretary of State

05-01-1999 90083 018 \*\*\*150.00

## 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 # P94000034958

1. Corporation Name

MR. B PLASTER POOLS & SPAS, INC.

Principal Place of Business	Mailing Address						
1051 W 46TH ST	P. O. BOX 2126			į (			
HIALEAH FL 33012	HIALEAH FL 33012			DO NOT W	RITE IN THIS	SPACE	
US .				3. Date Incorporated or Qualif			
				05/05/1994			
2. Principal Place of Business	2a. Mailing Address			4 FEI Number		Ap	plied For
<del></del>	26			65-0494646		<del>}}-</del> -	ot Applicable
21 Suite, Apt. #, etc.	Suite, Apt, #, etc.					\$8.75 A	
<b>-</b>	27			5. Certifcate of Status Desired		Fee Re	
22  City & State	City & State			6. Election Campaign Financin	na	\$5.00	May Be
23	28			Trust Fund Contribution	" $\square$	Added t	· ·
Zip Country	Zip	Cou	ntry	8. This corporation owes the c	urrent vear Inta	anaible	
24 25	29	30	•	Personal Property Tax.	andin year ma	☐Yes	□No
*9.* Name and Address of Curre		1001		10. Name and Address of New	w Registered	Agent	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			81 Nam	e			
VENTO, BIENVENIDO							
1051 W 46TH ST			82 Stree	et Address (P.O. Box Number is Not Acce	eptable)		[
HIALEAH FL 33012			83				
*							
			84 City		FL	85 Zip (	Code
_11. Pursuant to the provisions of Sections 607.05	502 and 607 4509 Elevide Statut	tor the a	novo-name	of corporation submits this statement for t	be numose of	changing its	registered
<ul> <li>Pursuant to the provisions of Sections of Solvidors office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE</li> </ul>	e of Florida. Such change was a	utnonzet	by the co	rporation's board of directors. I hereby ac	cept the appoir	itment as reg	gistered -
Signature, typed or printed name of registered a		<del></del> -	Agent signatu	re required when reinstating)	DATE .		
Signature, typed or printed name of registered at OFFICERS A	ND DIRECTORS	13.		re required when reinstating)  ADDITIONS/CHANGES TO	<del></del>		
Signisture, typed or printed name of registered at 12. OFFICERS A		13.	LE		<del></del>	D DIRECTO ☐ Change	PRS IN 12
12. OFFICERS A  TITLE D VENTO, BIENVENIDO	ND DIRECTORS	13. 1.1 TF 1.2 N/	LE ME	ADDITIONS/CHANGES TO	<del></del>		
12. OFFICERS A  TITLE D VENTO, BIENVENIDO  STREET ADDRESS 1051 W 46TH ST	ND DIRECTORS	13. 1.1 TF 1.2 N/	LE	ADDITIONS/CHANGES TO	<del></del>		
12. OFFICERS A  TITLE D VENTO, BIENVENIDO  VENTO, BIENVENIDO	ND DIRECTORS	13. 1.1 TF 1.2 NV 1.3 ST 1.4 CF	LE ME REET ADORES 'Y-ST-ZIP	ADDITIONS/CHANGES TO	<del></del>	☐ Change	☐ Addition
12. OFFICERS A  TITLE D  NAME VENTO, BIENVENIDO  STREET ADDRESS D  1051 W 46TH ST	ND DIRECTORS	13. 1.1 Tr 1.2 N/ 1.3 St	LE ME REET ADORES 'Y-ST-ZIP	ADDITIONS/CHANGES TO	<del></del>		
12. OFFICERS A  TITLE D VENTO, BIENVENIDO  STREET ADDRESS CITY-ST-ZIP HIALEAH FL	ND DIRECTORS	13. 1.1 TF 1.2 NV 1.3 ST 1.4 CF	LE ME REET ADORES 'Y-ST-ZIP LE	ADDITIONS/CHANGES TO	<del></del>	☐ Change	☐ Addition
12. OFFICERS A  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  SIGNIFICATION SIGNIFICA	ND DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S7 1.4 C/ 2.1 Π/ 2.2 N/	LE ME REET ADORES 'Y-ST-ZIP LE	ADDITIONS/CHANGES TO (	<del></del>	☐ Change	☐ Addition
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CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADORESS