## 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 # P94000047825 (2)

POOL AND PATIO KING SERVICE, INC.									1 (8 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ani <b>Ba</b> na Ba	ON IONAL HALLA III	181 B)(8 1884	
<u> </u>													
Principal Place of Business Mailing Address									-   1	AN DUM U	<b>8</b> 16 <b>2000</b> 1 10110 210	I I I I I I I I I I I I I I I I I I I	
20745 S.W. 96TH COURT MIAMI FL 33189-3808 US				20745 S.W. 86TH COURT MIAMI FL 33189-3808 US				DO NOT WRITE IN THIS SPACE					
] 55				••					3. Date Incorporated or Qualified				
									06/14/1994				
	lace of Busines	SS	28	2a. Mailing Address					4. FEI Number		Ar	pplied For	
21				26					65-0580288			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc.					5. Certificate of Status Desired		,	Additional equired	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be		
23				28				Trust Fund Contribution		Added	to Fees		
Zip	Country			Zip Cou			itry		8. This corporation owes or has p				
24	25 9. Name and Address of Curren			29 30					Personal Property Tax due Jun			No	
			Current Regi	stered Agent		81	Name		10. Name and Address of New R	egistere	a Agent		
	ost, irwin M					"	INAIII	0					
1101 BRICKELL AVE							Stree	1 Addre	iss (P.O. Box Number is Not Accepta	ble)			
SUITE 1400						83							
MIA	MI FL 33131					"							
						84	City		FL 85 Zip Code				
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 Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												ts registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE			5 7 2 5 5 5 7						d when reinstating)				
Signature typod or project name of regularied age  12. OFFICERS AN				ND DIRECTORS			oni signati	ne required	ADDITIONS/CHANGES TO OFF	DATE CERS AN	AD DIRECTOR	3S IN 12	
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NAME CYREST ADDRESS					6.2 N	MME.	4000000	.					

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 supplies into an 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 feetiver or to see 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.

SIGNATURE:

Mrs Am Presi

Presure

CR2E034 (10/97)

**FILED** 

May 19 1998 8:00am

Secretary of State