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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069978 (2)

BENSO	N'S POOL SERVICE, INC.					
Principal Place of Business Mailing Address				1 10 01/00) 138 58111 010/1 80/11 08/11 08/11 08/11	- I TO DIVERNI KAN KANIK ATAN MATAN MATAN MATAN MATAN BANDA BANDA KANIK KANIK KANIK KANIK KANIK TORK TORK	
1101 SW 12TH STREET 1101 SW 12TH STREET BOCA RATON FL 33486 BOCA RATON FL 33486				DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address		09/21/1994 4. FEI Number	Applied For	
21 26		F · · · 1		65-0515351	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22	-	27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country 30	This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible	
	9. Name and Address of Curren	- · · · ·		10. Name and Address of New Registere		
BE	NSON, CHRISTOPHER A		81 Name			
1101 SW 12TH STREET BOCA RATON FL 33486			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		■ 85 Zip Code	
				F	LII	
office or r agent I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig		uthorized by the corpora- rida Statules.	poration submits this statement for the purpose ation's board of directors. I hereby accept the appropried when reinstaling)		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Ō	DELFTE	1.1 TITLE		Change Addition	
NAME	B ENSON, CHRISTOPHER A		1.2 NAME			
STREET ADDRESS	1101 SW 12TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 THLE		Change Addition	
NAME (, ,		3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition	
TITLE			4.1 TITLE		LI Change LI Addedon	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY+ST-ZIP		DELETE	4.4 City - St - ZiP		Change Addition	
THE !		L_I DELETE	= 0.1 HHz			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 13 if changed, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

FILED

May 18 1998 8:00am

Secretary of State