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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009212 (8) POOL BARRIER OF DADE & BROWARD, INC. Principal Place of Business Mailing Address 3199 S OCEAN DR 3199 S OCEAN DR #305 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Incorporated or Qualified 02/03/1995 2. Principal Place of Business 2a, Mailing Address Applied For 21 65-0558459 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALMAN, MICHAEL J Name 2450 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 401 83 HOLLYWOOD FL 33020 84 City 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registring agent and title if application (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 11 TITLE DYER, DANIEL NAME 1.2 NAME CR2E034 3199 S OCEAN DR #305 STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TrTL€ Change Addition AUGUSTIN, LESLY 22 NAME 3199 S. OCEAN DR., #305 STREET ADDRESS 2.3 STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

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 roport or supplemental annual roport 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 (954)

6.4 CITY-ST-ZIP

SIGNATURE:

4-28-98 455.9654

FILED

May 07 1998 8:00am

Secretary of State