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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

· ·		5000011569 (7)			
BHOSE	LLE POOL FINISHING	a, INC.			
Principal Plac	e of Businoss	Mailing Address		· I INDIODOM AND ABANA BUNA BUNA BUNA DENA DENA DUNA	1106: 1108: 01116 01114 (011 100)
3096 50TH L/	_	3096 50TH LANE SW			
NAPLES FL 34116		NAPLES FL 33999		Do NOT WINE IN T	110 DD + OF
US				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
				•	
2. Principal P	lace of Business	2a. Mailing Address		02/09/1995 4. FEI Number	Applied For
21		26		65-0652601	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T-2	Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the	
24	9 Name and Address (29 29 Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
- PD		- Control of the cont	81 Name	10, Traine and Addition of Tree (togister)	25 Agoin
	O SE LLE, JAMES P 96 B OTH LANE SW				
NAPLES FL 33999			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
100	LICO LE 20888		83	17	
			24		
			84 City	F	85 Zip Code
11. Pursuant office or r	to the provisions of Sections egistered agent, or both, in m tamiliar with and accept	607.0502 and 607.1508, Florida Statut the State of Florida, Such change was a the obligations of Section 607.0505, Flo	es, the above-named corp authorized by the corpora orida Statutes	poration submits this statement for the purposition's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of re-		F Registered Agent signature requ	ired when reinstating) DATe	Ē
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	S SDOOTHE DECKHA	L□ DELETE	11 TATLE		Change Addition
NAME	B ROSELLE, REGINA		1.2 NAME		
STREET ADDRESS	3096 50TH LN SW NAPLES FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	B B	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BROSELLE, JAMES		2.2 NAME		C Outside C Montan
STREET ADDRESS	3096 50TH LN SW		2.3 STREET ADDRESS	÷ .	1
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	•	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
Street address			4.3 STREE1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP	_	DELETE	5 4 CITY-ST-ZIP		Change Addition
TITLE	`,	[_] Deter	6 1 TITLE		Change Addition
CTREET ANNIBESS	:		6.2 NAME		

14. I hereby certify that the information subylised 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 of the receiver or trusted 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 attactment with an address.

FILED

Apr 29 1998 8:00am

Secretary of State