

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 # P95000011569

1. Corporation Name

BROSELLE POOL FINISHING, INC.

Principal Place of Business

3096 50TH LANE SW  
NAPLES FL 34116  
US

Mailing Address

3096 50TH LANE SW  
NAPLES FL 33999

2. Principal Place of Business

21 1817 Beech Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 1817 Beech Ave  
Suite, Apt. #, etc.

22 City & State

23 Naples FL

27 City & State

28 Naples FL

24 Zip Country

24 34112 25 USA

29 Zip Country

30 34112 USA

9. Name and Address of Current Registered Agent

BROSELLE, JAMES P  
3096 50TH LANE SW  
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSELLE, REGINA		1.2 NAME	
STREET ADDRESS	3096 50TH LN SW		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSELLE, JAMES		2.2 NAME	
STREET ADDRESS	3096 50TH LN SW		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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.

SIGNATURE:

James P. Broselle

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90034 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

65-0652601

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)