PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000012942

D.V.D. POOL SERVICES OF BOCA BATON, INC.

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Prncipal Place	e of Business	Mailing Address			i ilaitan iin tatat anii 10000	1 (#188 1178 1166	1918: GIB IC BCB	1991 (916 Biore
3850 N.W. BOCA RATON BOULEVARD. #4 P.O. BOX 210831 BOCA RATON FL 33431 ROYAL PALM BEACH FL 3			421		DO NOT WE	RITE IN THIS S	PACE	
Ì		US			3. Date Incorporated or Qualife		7706	
					02/07/1995	•		{
	learn of Briefle Co.	2a, Mailing Address			4. FEI Number		T An	olled For
Z. Principal P	lace of Business	\vdash			65-0552111			Applicable
21 - Suite: Abt.	4 78" Mace N.	26 Suite, Apl: #, etc.						dditional ====================================
22	#, e.c.—	27			5. Certificate of Status Desired		Fee Re	
- City & State	B	City & State			6. Election Campaign Financing		\$5.00	May Be
23 L-010	hacker FL	28	· -·		Trust Fund Contribution	, _[]	Added t	
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Inta	ngible	ای
24 334	70 25 USA _	293	30		Personal Property Tax.			No.
	9. Name and Address of Current	Rogistered Agent			10. Name and Address of New	Registered A	gent	
			81	Name	atrick Dio	~		
	VE, DANIEL M	N #4	82	Street Add	ress (P.O. Box Mumbernis Not Accep	table)		
) N.W. BOCA RATON BOULEVARI	D, #4	Ш	1491	14 18. Place	10·		
80C	CA RATON FL 33431		83					}
			84	City			85 Zip C	ode
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11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, une accive	Prialities con	DOINGOL SODILING BILD SERVINGING IN IN III	ont the appoint	many or red	ristered
office or r agent. I a SIGNATURE	MANT L	48			poration submits this statement for the construction of directors. I hereby according to the construction of the construction		THOUL BY 10	
SIGNATURE	Signature typed or printed name of registered signific	and the if applicable. (NOTE: R	legistered Agen		ed when reinstating)	DATE		
SIGNATURE	Signature typed or printed name of registered spirit OFFICERS AND	and title if applicable. (NOTE: R	lagistared Agent		<u> </u>	DATE		
SIGNATURE 12. TITLE	Signature typed or printed name of regulared spain. OFFICERS AND	and the if applicable. (NOTE: R	13.		ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of regulared Spirit OFFICERS AND D LOWE, DANIEL M	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 ITLE 1.2 NAME	t signature require	ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or prisod name of regulated spirit OFFICERS AND LOWE, DANIEL M 3850, N.W. BOCA RATON BOUL	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	address	ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIF	D LOWE, DANIEL M 3850 N.W. BOCA RATON BOUL BOCA RATON FL 33431	and title if applicable. (NOTE: R) D DIRECTORS DELETE EVARD, #4	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	address	ed when reinstating)	DATE FFICERS AND	DIRECTO	RS IN 12
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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 open attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90211 021 ***150.00