


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90211 021 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000012942**

1. Corporation Name

**D.V.D. POOL SERVICES OF BOCA RATON, INC.**

Principal Place of Business

**3850 N.W. BOCA RATON BOULEVARD, #4**  
**BOCA RATON FL 33431**

Mailing Address

**P.O. BOX 210831**  
**ROYAL PALM BEACH FL 33421**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/07/1995**

4. FEI Number

**65-0552111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 14914 78th Place N.**

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 City &amp; State

**23 Loxahatchee, FL**

Zip Country

**24 33470 25 USA**

27 City &amp; State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**LOWE, DANIEL M**  
**3850 N.W. BOCA RATON BOULEVARD, #4**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

**81 Name Patrick Dion**  
**82 Street Address (P.O. Box Number is Not Acceptable) 14914 78th Place N.**  
**83**
**84 City Loxahatchee FL 85 Zip Code 33470**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOWE, DANIEL M</b>	
STREET ADDRESS	<b>3850 N.W. BOCA RATON BOULEVARD, #4</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DION, PATRICK</b>	
STREET ADDRESS	<b>14914-78TH PLACEN</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Dion

Date

4/27/99

Daytime Phone #

561-793-1301

CR2E034 (11/98)