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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030158 (6)

TROPICAL POOLS AND SPAS INC

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address				
5208 ASHMEADE ROAD	52089 ASHMEADE ROAD				
ORLANDO FL 32810 US	ORLANDO FL 32810 US		DO NOT WRITE IN TH	IS SDACE	
U3	03		3. Date Incorporated or Qualified	IS SI AUL	
			04/13/1995		
2. Principal Place of Business .	2a. Mailing Address		4. FEI Number	Applied For	
21 155 Mines Trai	1 26 155 M.	'ngo Trail	59-3312424	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		\$8.75 Additional	
22 Longwood Fl	- 27 Longuon	$d \mathcal{H}$	5. Certificate of Status Desired	Fee Required	
City & State	City & State	, 6	6. Election Campaign Financing	\$5.00 May Be	
23 3 2.750	28 Longipo		Trust Fund Contribution	Added to Fees	
Zip 2007) Country	1 3000	Country	This corporation owes or has paid the	_ ' _ '	
24 7 6 50 25 0 51	20 30 150	30 077	Personal Property Tax due June 30.	Yes No	
	of Current Registered Agent		10. Name and Address of New Registere	ed Agent	
ADAM ALSTOTT		81 Name			
5208 ASHMEADE ROAD		82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32810		83			
		63			
		84 City		85 Zip Code	
				<u>L</u> .	
<ol> <li>Pursuant to the provisions of Sections office or registered agent, or both, in</li> </ol>	s 607.0502 and 607.1508, Florida Statut the State of Florida. Such change was a	es, the above-named co authorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered	
agent. I am familiar with, and accept	the obligations of, Section 607.0505, Fig.	orida Statutes.	,,	100	
SIGNATURE			4-1	10-98	
Signature, typed or printed name of re	egistered agent and title if applicable (NOT CERS AND DIRECTORS	E Registered Agent signature re	quired when reinstating) DATE		
12. OFFICE	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Addition	
NAME ADAM ALSTOTT	Detter	1.2 NAME	Haum Astott President	A Change III Ruchion	
STREET ADDRESS 5208 ASHMEADE RO	An	1.3 STREET ADDRESS	155 Mingo Trail		
ODI ANDO EI			lonewood #1 32	250	
TITLE VP	DELETE	1 4 CITY - ST - ZIP 2.1 TITLE	110	Change Addition	
NAME ALSTOTT, HALLIE	E out	2.2 NAME	I'm Alctott	AT comings The common	
STREET ADDRESS 5208 ASHMEADE RD.		2.3 STREET ADDRESS	Hall E HISTON		
ANI AMAA EI	•		Longwood FL 32	300	
CITY-ST-ZIP UHLANDU FL	<b>X</b> DELETE	2 4 CITY - ST - ZIP 3.1 TITLE	Tonguosa 1000	Change Addition	
NAME TOLBER, HUNTER	EN DETELL	3.2 NAME	The Talkert	Made Committee To Mindle Committee	
PARA ANIMETER OF			HUNTER		
ANI MANA PI		3.3 STREET ADDRESS	155 Mingo Trait	nn	
CITY-ST-ZIP UHLANUU FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	conquesce to	Change Addition	
NAME		4. 2 NAME	•		
		<b>1</b>			
STREET ADDRESS		4.3 STREET ADDRESS			
		4 4 8 20 4 2 2 2			
CITY-ST-ZIP	Delete	4.4 CiTY-\$T-ZiP		Change Addition	
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE	1	Change Addition	
CITY-ST-ZIP TITLE NAME	DELETE	5.1 TITLE 5.2 NAME	1	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	1,12	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	_	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

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

SIGNATURE:

4-10-98 (407)294-2273