## 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 #

	NAME TO PSOU	)UUU44U38 (4) NC.					
Principal Plac	e of Business	Mailing Address				PRTO BORDE BROOK POOL PRODUCTOR	
101 E. KENNEDY BLVD.  SUITE 3300  101 E. KENNEDY BLVD.  SUITE 3300					DO NOT WRITE IN TH	S SPACE	
TAMPA FL 33602 TAMPA FL 33602			<u> </u>		3. Date Incorporated or Qualified		
					06/01/1995		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21 26					59-3317207	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27 Chu &						Fee Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Country	·	<del></del>		
24	<u> </u>		30	e, mile porporation of the part the part that the same that the part tha		Yes No	
	9. Name and Address of (	<del></del>	T		10. Name and Address of New Registers	d Agent	
PO	LLOCK, GEORGE A		81	Name		***	
101 E. KENNEDY BLVD.			82	Street A	1 Address (P.O. Box Number is Not Acceptable)		
SUITE 3300					Trodices (1.5. Box Hamber is Not receptable)		
TAN	MPA FL 33602		83				
			84	City		85 Zip Code	
					F		
11. Pursuant office or r agent I a	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	07,0502 and 607-1508, Flori <b>da Sta</b> fuli EState of Florida. Such cha <b>nge was</b> a Eobligations of, Section 607, <b>0</b> 505, Flo	es, the above authorized by orida Statutes.	named the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
SIGNATURE	Signature, typed or printed hade of regist	orest agent and title if appirable (NOTI	. Registered Agen	l signature	e required when reinstating) DATE		
12.	OF LICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D DELETE		1.1 T(TLE			Change Addition	
NAME			1.2 NAME			ļ	
STREET ADDRESS			1.3 STREET ADDRESS			[ ]	
CITY-ST-ZIP TITLE			1.4 CITY-ST- 2.1 TITLE		VPIT	Change Addition	
NAME			2.1 III.E 2.2 NAME	1	POLLOCK, GEOLGE	Change Austron	
STREET ADDRESS	_		23 STREET ADDRESS IO		101 E. Kennedy Blad, Suite	2200	
City-ST-ZIP			2 4 CITY-SI-ZIP		Tampa, PL 33602	9300	
TITLE	DELETE		3.1 TITLE		VPIS	Change Addition	
NAME			3.2 NAME	1	BLENS DAVID A		
STREET ADDRESS			3.3 STREET A	DORESS	101 & Kennedy BIVd. Suit	200E	
CITY-ST-ZIP			3.4. CITY-ST	-ZIP	Tampa, PL 33602		
TITLE	DELETE		4.1 TITLE		VP	Change Addition	
NAME			4. 2 NAME	l	Harms, Beverly A.		
STREET ADDRESS			4.3 STREET A	DORESS	Harms, Beverly A. loi E. ILEnneary Blvd., Suit Tampa, Fr. 33602	6 3300	
CITY-ST-ZIP			4.4 CITY+ST-	ZIP	Tampa, Fr 33602		
TITLE	DELETE		51 TITLE	ļ		Change Addition	
NAME			5.2 NAME			1	
STREET ADDRESS			5.3 STREET A	- 1			
CITY-ST-ZIP		T DELETE	5.4 CITY-ST	2IP		7 01 10 10 10 10 10 10 10 10 10 10 10 10	
TITLE		☐ DEL <b>e</b> te	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS (	l	i	

6.4 CITY - ST- ZIP 14. 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 is 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 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 trustree 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 altachment with an address.

**FILED** 

May 21 1998 8:00am

Secretary of State