## 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

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90014 015 \*\*\*150.00

DOCU  1. Corporation	MENI # 795000	0066721-				
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I PA	IMLAND Pools	INC,		9/5657 - 00014 15 =		
"	-	,	'	4/5452 - 90014 - 15		
Principal Plac	ce of Business	Mailing Address		-		
, ,		A A	10)			
2523 Pepperwood CR. SAMP PAIN BOSEN GEDNS FL 3340US						
PAM BEACH GRONS. Fl. 3341045				DO NOT WRITE IN TH	IS SPACE	
-				3. Date Incorporated or Qualifed		
		<u> </u>		4/14/95		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
Suite, Apt.	# etc	26 25 23 Ye	operwood Cd	65-0664070		t Applicable
22	. <del>#, 610.</del>	27	•	5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	<b>I</b>
		City & State	<del></del> _	& Election Compaign Financing		<del></del>
23			h GRANGE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year		-
24	25	29 <i>33410</i> 3	10 PAlm Beh	Personal Property Tax.	Yes	Mo :
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	dAgent	
	1. 1. 1. 1. 1. 1. 1. 1.		81 Name			1
Kichard T. Wywwe 82 Street Address (P.O. Box Number is Not Acceptable)						
2523 Pannerwood Cd						_
PAIM BCh Gdws., F1. 3340 us						Code
	<u> </u>			<u>F</u>	L	
				ration submits this statement for the purpose of solutions of directors. I hereby accept the app		
	im familiar with and a cept the obligation			~	,	,
SIGNATURE	Dunn	richarce Kicharce	LT LUXUIVE tegistered Agent signature required	P/D 4/10/9	7	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	President / Directo		1.1 TITLE	ADDITIONO AND	☐ Change	RS IN 12
NAME	Pichan T WXW	wes	1.2 NAME	_	_ •	
STREET ADDRESS	RICHARD T. WXW. 2523 Pepperwa	sod CK.	1.3 STREET ADDRESS	1LONGE		5
CITY-ST-ZIP	PAIM BCh GOLDS.	F1. 33410	1.4 CITY-ST-ZIP	ADDRESS CHANGE		20
TITLE	Secretary, Treasur		2.1 TITLE	ADDRES NIY	☐ Change	Addition
NAME	LIZA S. WYNNE	ron	22 NAME MENT	The Old		
STREET ADDRESS	2523 Pepperwood	er.	Z.3 STREET ADDRESS			
CITY-ST-ZIP	PAIN Beh Codes	F1, 33410	2.4 CITY-ST-ZIP	NO Longer IN L	oxahatch	ee, F1.
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			32 NAME	<del></del>		
STREET ADDRESS			3.3 STREET ADDRESS			ļ ,
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME	,		ł
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		- CO OCUETE	4.4 CITY-ST-ZIP		Change	Addition
TITLE	`	☐ OELETE	5.1 TITLE 5.2 NAME		☐ Change	Addition
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	-		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			İ
OFF TO 114F	L			action 119 07(3Vi) Florida Statutes I further of		

I nereby 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: