

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90101 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000077502**

1. Corporation Name  
**AMBIANCE POOL SERVICE, INC.**

Principal Place of Business 228 N.E. 3RD STREET CRYSTAL RIVER FL 34428	Mailing Address P.O. BOX 519 CRYSTAL RIVER FL 34423-0519
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5712 S. Suncoast Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Homosassa, FL	27 City & State 28
24 Zip 34446 Country	29 Zip Country

3. Date Incorporated or Qualified 10/10/1995	4. FEI Number 59-3336784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**IRIZARRY, LENORAH**  
 228 N.E. 3RD ST.  
 CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name Irizarry, Lenorah	85 Zip Code 34428
82 Street Address (P.O. Box Number is Not Acceptable) 2060 N. W. 18th Street	
83	
84 City Crystal River FL	

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: Lenorah Irizarry 4/5/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	IRIZARRY, MARCIAL	<input type="checkbox"/> DELETE
NAME	228 NE 3RD ST, P O BOX 519	
STREET ADDRESS	CRYSTAL RIVER FL 19	
CITY-ST-ZIP		
TITLE ST	IRIZARRY, LENORAH R	<input type="checkbox"/> DELETE
NAME	228 NE 3RD ST, P O BOX 519	
STREET ADDRESS	CRYSTAL RIVER FL 19	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2060 N. W. 18th Street
1.4 CITY-ST-ZIP	Crystal River, FL 34428
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2060 N. W. 18th Street
2.4 CITY-ST-ZIP	Crystal River, FL 34428
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: Lenorah Irizarry 4/5/99 352-863-0033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)