## 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

	MENT # P9500 REEZE POOL SERVICE, IN					18/81 1/10 10/01 B/K8 6/H/ M 0
Principal Place of Business Mailing Address					10100 INS 10101 BILLO 0111 ISO	
800 92ND AVE. NORTH NAPLES FL 33963		800 92ND AVE. NORTH NAPLES FL 33963			DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	
					11/01/1995	
<b>-</b> , .		2a. Mailing Address			4. FEI Number	Applied For
21 26			<u> </u>		65-0616612	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b></b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		· —	City & State		6 Florito Compain Financia	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Countr	y	This corporation owes or has paid the	<del></del>
24	25	29 30			Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent
SEF	RRANO, CARMEN G		81	Name		
800 92ND AVE. NORTH			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34108						
			83	1		
			84	City		85 Zip Code
				<u> </u>		·L∣
agent. I ar SIGNATURE	m familiar with, and accopt the oblig Signature types or printed home of registered as	gations of, Section 607.0505, FI	orida Statute	s.	orporation submits this statement for the purpositation's board of directors. I hereby accept the a	
_12	<del></del>	S AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	SERRANO, JULIO A		1.2 NAME			
STREET ADDRESS	800 92ND AVE. NORTH			T ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FLTSD	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change Addition
NAME	SERRANO, CARMEN G	C) better	2.1 THE 2.2 NAME	1		C) Charige C3 Addition
STREET ADDRESS	800 92ND AVE. NORTH			T ADDRESS		}
CITY-ST-ZIP	NAPLES FL		2.4 CITY-			
TITLE	1000010	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1		·
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP		T-12-1	4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	İ		Change L Addition
NAME			5.2 NAME			]
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP		Change Addition
NAME		La biccit	6.2 NAME			Onongo Mutation
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			ł

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.

OLONIATURE.

1/12/98 (941)

**FILED** 

Apr 03 1998 8:00am

Secretary of State