

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90151 033 ***150.00

DOCUMENT # P95000088460

1. Corporation Name

BEST POOLS OF PALM BEACH, INC.

Principal Place of Business

14743 76TH RD N
LOXAHATCHEE FL 33470

Mailing Address

14743 76TH RD N
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

65-0622115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 12850 NE 22ND AVE

Suite, Apt. #, etc.

22 OKEECHOBEE FL

City & State

23 OKEECHOBEE FL

Zip

Country

24 34972 25 USA

2a. Mailing Address

26 PO BOX 1323

Suite, Apt. #, etc.

27

City & State

28 LOXAHATCHEE FL

Zip

Country

29 33470-1323 30 USA

9. Name and Address of Current Registered Agent

DIGIOVANI, URSULA
14743 76TH RD N
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
DIGIOVANI, ROBERT
14743 76TH RD N
LOXAHATCHEE FL 33470

TITLE ☐ DELETE

STVP
DIGIOVANI, URSULA
14743 76TH RD N
LOXAHATCHEE FL 33470

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 12850 NE 22ND AVE
1.4 CITY-ST-ZIP OKEECHOBEE FL 34972

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 12850 NE 22ND AVE
2.4 CITY-ST-ZIP OKEECHOBEE FL 34972

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: URSULA DIGIOVANI 4/22/99 941-357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7114

CR2E034 (11/98)