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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000002530**

1. Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90086 020 ***150.00

OLOE W	ATER POOLS OF NORTH (JENIKAL FLORIDA, IN	 						
Principal Place	of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •		
8905 SW 113TH TERRACE 8905 SW 113TH TERRACE									
GAINESVILLE FL 32608 GAINESVILLE FL 32608						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/02/1996			
Principal Place of Business 2a. Mailing Address				-		4. FEI Number			Applied For
21		26				59-3351543			Not Applicable
Suite, Apt. #, etc.				. •					5 Additional Required
27				-	<u> </u>				
City & State City & State						6. Election Campaign Financing			0 May Be d to Fees
23	Country	Zip	Cou	ntn/		Trust Fund Contribution	lotos		10 10 1 663
Zip	Country	<u> </u>	30	iiu y		 This corporation owes the current Personal Property Tax. 		iigibie ∐Yes	⊠Nο
24	9. Name and Address of Currer	29 29 Agent				10. Name and Address of New Reg			
				81	Name			•	
BRANNAN, SHARON C			92	Ctroot Adde	oce /P.O. Boy Number is Not Accentable				
116	NE 6TH AVE			82 Street Address (P.O. Box Number is Not Acceptable)					
WILL	JSTON FL 32696			83					
				84	City			85 Z	ip Code
					City		FL]	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was :	authonzec	I DV ID	named corporation	oration submits this statement for the pu on's board of directors. I hereby accept the	rpose of c ne appoint	manging tment as	registered
SIGNATURE	Signature, typed or printed name of registered age								
	Signature, typed or printed having or registered ago	ont and title if applicable. (NOT	E: Registered	Agent s	signature required	d when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND		
12.	OFFICERS AND		13.	n.e	signature required		ERS AND	DIREC Chang	
	OFFICERS AND D WITT, STEPHEN W	ND DIRECTORS	13. 1.1 TH	TLE VME			ERS AND		
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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: