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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009993 (2)

E.V.M. POOL SERVICE CORP.

Principal Place of Business

Mailing Address

## FILED Apr 28 1998 8:00am Secretary of State



192 FLORIDA BOULEVARD MIAMI FL 33144		192 FLORIDA BOULEY MIAMI FL 33144	192 FLORIDA BOULEVARD MIAMI FL 33144			DO NOT WRITE IN THIS	SPACE			
						3. Date incorporated or Qualified 01/31/1996				
2. Principal F	Place of Business	2a. Mailing Address 26	}¬			4. FEI Number 65-0648077	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour 30	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
<del> </del>	9. Name and Address of Currel	nt Registered Agent		10. Name and Address of New Registered Agent						
MARTINEZ, EDWIN V					Name					
	2 FLORIDA BOULEVARD AMI FL 33144			82	Street Addr	fress (P.O. Box Number is Not Acceptable)				
				63						
			ŀ	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	red when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.						ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTO	RS IN 12	
TITLE	P	DELETE	1.1 7(7)	LE	M	lartinez, Edwin V	<b>K</b> ) Ch	ange	☐ Addition	
NAME	MARTINEZ, EDWIN'V		1.2 NA	ME						
STREET ADDRESS	192 FLORIDA BOULEVARD		1.3 STREET ADDRESS 5		address   5	1000 3W 101 Ave Migmi FL- 33165			Įi	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CIT		-ZIP	Miami FL- 33165	<del>-</del> 1 -			
TITLE		☐ DELET <b>E</b>	2.1 TiTi				∐ Ch	ange	☐ Addition	
NAME			2.2 NA		-					
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CITY-ST-ZIP			5.4 CIT	Y-SI	- ZIP					
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NAME	Į		6.2 NA	ME	[	•			,	
STREET ADDRESS			6.3 ST	REET A	address					
CITY+ST-ZIP	<b> </b>		6.4 CIT	Y-ST	- 7IP					

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 informatio 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 this tee employered 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.

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attachment with an address.