PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000012426						
7. Corporado	A POOLS & SPAS, INC.			1		
CLASS -	A POOLS & SPAS, INC.			A COMMENT AND IDANS CAND DEATH ARTIS CONTA	ILDAD SIDIN DEDEN EIGEN DARK IDDA	
Principal Place	e of Business	Mailing Address		- (SON (SON) (11% ADVIN USVIV MAITO AUTIL AUGUS ASSECT	FFB4M \$1001 B4010 inten man som	
PO BOX 350814		PO BOX 350814				
PALM COAST FL 32137 PALM COAST FL 32137					SOLOT	
				DO NOT WRITE IN THIS	SPACE	
}				3. Date incorporated or Qualifed 02/06/1996		
		To the Direct Address		4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address		59-3360125	Not Applicable	
21 Suite, Apt.	# 440	Suite, Apt. #, etc.			\$8.75 Additional	
22 Suite, Apt.	w, 4tc.	27		5. Certificate of Status Desired	Fee Required	
City & Stat	e · · · ·	-City & State		6:- Election Campaign Financing	\$5:00·May Be	
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In		
74		29 30	ol	Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
CONNET THOTALL : 1 Name Antonia Amara Jr.						
	INER, TIMOTHY J	UTONIO HMARA	82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
	ORIDA PARK DR.	DAS ULITIES D	<u>ک</u> ر ا ₈₃ کی	Utility Ur.		
	E 110 4 VI COAST FL 32137 7	THE PROPERTY	* ⁶³	-		
PALI	W COASI FL 3213/	IM COAST, FL.	- 84 City/)	a Casa ‡ FI	85 Zip Code	
	-	1 2 2 2 4	7 Tala		■ 1 、フムんファー	
				poration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as registered	
agent. I a	in familiar with, and accept the obligati	ons of Section 607.0505, Florida	a Statutes.	イ 。 マー2 2	90	
SIGNATURE	Julia france	/ An conia	gistered Apent signature require	d when reinstating) DATE	-11 =	
12.	Signature, typed or printed parts of registered agents OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
TITLE	PD ANTONIO	□ DELETÉ	1.1 TITLE		☐ Change ☐ Addition ÷	
NAME	AMARAL, ANTHONY JR.		1.2 NAME		5	
STREET ADDRESS	PO BOX 350814		1.3 STREET ADDRESS		1	
ÇπY-ST-Z#P	PALM COAST FL		1.4 CITY-ST-ZIP			
TITLE	TD ANTONIO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C	
NAME	AMARAL, ANTHONY SR.		2.2 NAME			
STREET ADDRESS	l		2.3 STREET ADDRESS			
CTTY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		Cota-Fa Cladelia	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	AMARAL, MARIA		3.2 NAME			
STREET ADDRESS	2 CENTRAL PL		3.3 STREET ADDRESS		ì	
CITY-ST-ZIP	PALM COAST FL		3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
: III 5		DELETE	4.1 TIME		Cloude Change	
NAME			4.2 NAME			
STREET ADDRESS	}		4.3 STREET ADDRESS			
CITY-ST-ZIP	 	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE	1	C nereie	5.2 NAME		<u>-</u>	
NAME	l		53 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP		•	
CITY-ST-ZIP		DELETE	8.1 TITLE		Change Addition	
mre			6.2 NAME		-	
NAME	}		6.3 STREET ADDRESS			
STREET ACCRESS	1		.			

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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90244 011 ***150.00