

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90158 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018749

1. Corporation Name
AQUATIC POOLS ENTERPRISES, INC.



Principal Place of Business
44508 THORNFIELD COURT 9420 Lazy Lane
TAMPA FL 33624 33614

Mailing Address
PO BOX 272939
TAMPA FL 33688
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9420 Lazy Lane		26 PO BOX 272939		02/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 202		27		59-3363135	
City & State		City & State		Applied For	
23 Tampa, FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33614		29		8. This corporation owes the current year Intangible	
Country		Country		Personal Property Tax.	
25		30		8. Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, JOSEPH W
14508 THORNFIELD CT
TAMPA FL 33624

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JOSEPH W	1.2 NAME	
STREET ADDRESS	14508 THORNFIELD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, MARGARET M	2.2 NAME	
STREET ADDRESS	14508 THORNFIELD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Margaret M. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

813-968-2656

Daytime Phone #

CR2E034 (1/1/98)