## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90001 021 \*\*\*150.00

BOB BIN	NIX POOLS, INC.							
Principal Place	e of Business	Mailing Address		_		- I 1881/884 trå rårrå øttri sørri deltr føltti ogita fløte letri ogigt øttri øter rea	d	
406 S W 75 AVE 406 S W 75 AVE								
NO LAUDERDALE FL 33068 NO LAUDERDALE FL 33068								
						DO NOT WRITE IN THIS SPACE	_	
						3. Date Incorporated or Qualified 04/03/1996		
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For		
21 26						65-0659891 Not Applicate	-	
Suite, Apt.	Suite, Apt. #, etc.	a, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27				ree Required	_	
City & Stat	e		City & State			6. Election Campaign Financing \$5.00 May Be	l	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	<b>⊢</b>	Zip Country			8. This corporation owes the current year Intensible Personal Property Yes No		
24	25 29 30					intangible Personal Property. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	it Registerea Agent		81	Name	IV. Name and Address of New Registered Agent	$\dashv$	
BINN	IX, ROBERT K				140,110			
406 S W 75 AVE				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
NO LAUDERDALE FL 33068				83			$\dashv$	
				84	City	FL 85 Zip Code		
		0 1007 4500 Florido Otobre	- 111-				$\dashv$	
<ol> <li>Pursuant office or</li> </ol>	t to the provisions of sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the about	ove-n i by t	named corpora the corporation	ation submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered		
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Flo	orida Stat	utes.			- 1	
SIGNATURE			OTE: Basista	rod Ac	ent cionature comi	ired when reinstating) DATE	- 1	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	ieu Ag	ant eitherne redon	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TIT	TLE -		Change Additi		
NAME	BINNIX, ROBERT K		1.2 NA					
STREET ADDRESS	ACC CIM 75 AVE			1.3 STREET ADDRESS				
CITY-ST-ZIP	MODTU I ALIDEDDALE EL			1.4 CITY-ST-ZIP			l	
TITLE		DELETE	2.1 TIT			Change Additi	ion	
NAME			2.2 NA	ME				
STREET ADDRESS			2 3 ST	REFTA	ADDRESS		1	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		į		- {	
TITLE		DELETE	3.1 Tr		-	Change Additi	ion	
NAME	·		3.2 NA	ME				
STREET ADDRESS			3.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			3.4 CI	TY-ST-Z	ZIP			
TITLE		DELETE	4.1 TIT	ΓLE		Change Additi	ion	
NAME		<del></del>	4.2 NA	ME				
STREET ADDRESS			4.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-Z	ZIP			
TITLE		DELETÉ	5.1 TI	RΕ		Change Additi	ion	
NAME			5.2 NA	ME			Ì	
STREET AODRESS			5.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-\$T-7	ZIP			
TITLE		DELETE	6.1 TI	TLE		Change Additi	ion	
NAME			6.2 NA	ME		8		
STREET ADDRESS			6.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-ST-Z	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 cereoration 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 of the cereoration or the receiver of 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 of the cereoration 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 of the cereoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

DATE: 9/11/99

FROM: BOB BINNIX POOLS, INC

406 S.W. 75 AVE

NO LAUDERDALE FL 33068

TO: DEPT OF STATE

**REF: CORPORATE FILING** 

DEAR SIR:

I am enclosing a check for the Corporate Fee that evidently was suppose to be filed in March of this year. I am having my accountant pay this as I don't believe that I received it or I gave it to him and he did not inform me of it. I really believe that I did not receive the form. The enclosed check represents the regular fee if you would please reconsider. Thank\_you

Bob Binnix

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