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

PROFIT CORPORATION ANNUAL REPORT

1998

name Street address

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066953 (6)

OCEA	N BLUE POOL SERVICES,	INC.			ADDIR BURN ARIAN BURN ARIA
Principal Plac	ce of Business	Mailing Address		—{	ELIYO YILIN YOYBI OYUDO ILII 1991
14204 S.W. 136TH STREET 14204 S.W. 136TH STREET MIAMI FL 33186			त	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 08/09/1996	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0689433	Not Applicable
Suite, Apt	Suite, Apt. #, etc. Suite. Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	sie	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ _Ι ρ 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registers	ed Agent
	ONTELLO, LOUIS R				
701 BRICKELL AVE. SUITE 1200			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131		83			
			84 City	F	85 Zip Code
agent. I a	Signature typed or printed name of registered a	agovi and title if applicable (NOT)	rida Statutes. Registered Agent signature requir		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	D SESSIONS, WAYNE F JR.	C DECEIE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	14204 S.W. 136TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	i.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	☐ DELETE	2. 4 CFTY-ST-ZIP 3.1 TITLE		Change Addition
NAME	ł		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP		The section	3 4. CITY - ST - ZIP		FT A
TITLE .	ļ	☐ DELETE	4.1 TITLE 4. 2 NAMÉ		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	}		4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition

63 STREET ADDRESS

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