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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000104436

1. Corporation Name A-1-A POOLS EAST, INC.

Principal	Place	of	В	usiness	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90255 045 ***150.00

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Principal Place of Business	Mailing Address	•				
SW 15TH ST. 221 SW 15TH ST.						
FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315		,		PO MOT WOITE IN THIS ST		
				p DO NOT WRITE IN THIS SE	ACE	<u>———</u>
				3. Date Incorporated or Qualifed		J
				12/26/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		optied For
21	26			65-0721463		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired		Additional
22	27			,		equired
City & State	City & State			6. Election Campaign Financing		May Be
23	28		Trust Fund Contribution		Added	to Fees
Zip Country	Country Zip		ntry	8. This corporation owes the current year Intan	gible	
24 25	29	30	-	T Clabilat T Topolity Taxi] Yes	X No
9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered Ag	ent	-
			81 Name			
WARD, THOMAS C			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
221 SW 15TH ST.		- 4,5	OL SUBSTAC	dieas (1.0. box realiser to recrease)		
FT. LAUDERDALE FL 33315		•	83			
	•					
and the second s			84 City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 a	and 607 1508. Florido Statut	oc the al	nove-named co	rporation submits this statement for the number of ch	anging its	registered
office or registered agent or both in the State of	Florida. Such change was a	uthorized	by the corpora	tion's board of directors. I hereby accept the appoint	nent as re	egistered
agent. I am familiar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statu	utes.			
SIGNATURE				ired when reinstating) DATE		
Signature, typed or printed name of registered agent a			Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	3DS IN 12
12. OFFICERS AND	DELETE	13.	n		Change	Addition
TILE D	☐ DELETE	1,1 111		L	_] Onlange	
NAME WARD, THOMAS C		1.2 NA	WE			
STREET ADDRESS 221 SW 15TH ST.		1.3 ST	REET ADORESS			f
CITY-ST-ZIP FT. LAUDERDALE FL 33315		1.4 CF	TY-ST-ZIP			
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NAME	` .	2.2 NA	ME			
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STREET ADDRESS		3.3 ST	REET ADDRESS			· }
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		4. 2 N/ 4.3 ST 4.4 CF 5.1 TH 5.2 N/	AME REET ADDRESS IY-ST-ZIP TLE			
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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.