**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90177 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700004639

1. Corporation Name

UNITED COMMUNITY POOL SERVICES, INC.

Principal Place	of Business	Mailing Address				-	t lähilähi ish insii ih	. Bit 69ilt 69i	153 <b>60</b> 153 <b>60</b> 131	AEIII asein aile	
3300 UNIVERSITY DRIVE		3300 UNIVERSITY DRIVE									
SUITE 405		SUITE 405									
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
								Qualifed			
							01/16/1997				nation For
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				oplied For
21		26					<u>65-0741791</u>				ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status D	esired			equired
22		City & State						<del></del> _			
City & State	е	<u>-</u> -					<ol><li>Election Campaign For Trust Fund Contribution</li></ol>	-			May Bø to Fees
23	Country	Zip	<u></u>	untry		$\rightarrow$	8. This corporation owe		ont voce le		10 1 000
Zip	Country	<del>-</del>	30	uiiuy			Personal Property Ta		ent year n	∐ Yes	ŽΝο
24	9. Name and Address of Curre	29	30				10. Name and Address		Realstered		
	g. Name and Address of Curre	iii Kadisteran Agent		81	Name		10, Hamo dila Madioco				
MOS	BERG, ANDREW										
	UNIVERSITY DRIVE			82	Street	Addres	s (P.O. Box Number is No	ot Accepta	able)		
	E 405			83						·····	·····
_	AL SPRINGS FL 33065			65							
0010	AE SI IIII GO I E SOCIO			84	City				F	85 Zip	Code
				لمليا			akia a arabanika khia akakama	at for the			registered
									DUIDUSE C	n Ghandino io	s registered
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati e of Florida, Such change was	utes, the : authorize	above ed by t	-named	corpora oration	s board of directors. I her	eby accer	ot the appo	ointment as r	egistered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authonze	ed by t	the corpo	corpora oration	's board of directors. I her	eby accer	ot the appo	ointment as r	egistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, F	authonze Iorida Sta	ed by t itutes.	the corpo	oration	s board or directors. I her	eby acce	рсине арус	pintment as r	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, F	authorize lorida Sta TE: Registere	tutes	the corpo	oration	s board of directors. I her	eby accer	DATE	omment as n	egistereo
office or reagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was lations of, Section 607.0505, F  uent and title if applicable.  ND DIRECTORS	authonze lorida Sta TE: Registere	ed by t tutes ed Agent	the corpo	oration	s board or directors. I her	eby accer	DATE	ND DIRECT	ORS IN 12
office or n agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was ations of, Section 607.0505, F	authonze lorida Sta TE: Registere 13	ed by to tutes. ed Agent	the corpo	oration	s board of directors. I her	eby accer	DATE	omment as n	egistereo
office or reagent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D SOLOMON, HOWARD	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable.  ND DIRECTORS  DELETE	authorize lorida Sta TE: Registere 13 1.11	ed by totutes.  HAME	t signature r	oration	s board of directors. I her	eby accer	DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE  12.	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SU	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable.  ND DIRECTORS  DELETE	authorize lorida Sta TE: Registere 13 1.11	ed by totutes.  HAME	the corpo	oration	s board of directors. I her	eby accer	DATE	ND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE  12. TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent of SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SUCORAL SPRINGS FL 33065	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable.  ND DIRECTORS  DELETE	authorize lorida Sta TE: Registere 13 1.11 1.21 1.33 1.40	ed by to tutes.  Ad Agent  TITLE  NAME  STREET	t signature r	oration	s board of directors. I her	eby accer	DATE	ND DIRECTI	DRS IN 12
office or ragent. I as SIGNATURE  12.  TITLE  NAME  STREET AODRESS	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SU CORAL SPRINGS FL 33065	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable.  ND DIRECTORS  DELETE	authorize lorida Sta TE: Registere 13 1.11 1.21 1.33 1.40	ed by to tutes.  Od Agent  ITTLE  VAME	t signature r	oration	s board of directors. I her	eby accer	DATE	ND DIRECT	ORS IN 12
office or ragent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SU CORAL SPRINGS FL 33065 D MOSBERG, ANDREW	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	### TE: Registers    13	ed by to tutes.  Ad Agent  TITLE  NAME  STREET	t signature r	oration	s board of directors. I her	eby accer	DATE	ND DIRECTI	DRS IN 12
office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SU CORAL SPRINGS FL 33065	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	13 1.11 1.21 1.35 1.40 2.11	ed by the state of	t signature r	oration	s board of directors. I her	eby accer	DATE	ND DIRECTI	DRS IN 12
office or ragent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D SOLOMON, HOWARD 3300 UNIVERSITY DRIVE, SU CORAL SPRINGS FL 33065 D MOSBERG, ANDREW	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO: IND DIRECTORS  DELETE  DELETE  DELETE	authonze lorida Sta TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33	ed by the state of	ADDRESS ADDRESS	oration	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	authonze lorida Sta TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4	ed by the state of	ADDRESS ADDRESS	oration	s board of directors. I her	eby accer	DATE FICERS A	ND DIRECTI	DRS IN 12
office or ragent. I ai signature  12.  TITLE  NAME  STREET AODRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO: IND DIRECTORS  DELETE  DELETE  DELETE	authonze lorida Stal 7E: Registere 13 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4	ad Agent  TITLE  VAME  STREET  TITLE  VAME  STREET  CITY-ST  CITY-ST	ADDRESS ADDRESS	oration	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition
office or ragent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO: IND DIRECTORS  DELETE  DELETE  DELETE	authonze lorida Sta  7E: Registere  13  1.11  1.21  1.33  1.40  2.11  2.21  2.33  2.4  3.11  3.21	AME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS ADDRESS	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition
office or ragent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO: IND DIRECTORS  DELETE  DELETE  DELETE	authonze lorida Stal 7E: Registere 13 1.11 1.21 1.35 2.11 2.21 2.35 2.4 3.11 3.21	AME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS T-ZIP ADDRESS ADDRESS	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition  Addition
office or ragent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NO: IND DIRECTORS  DELETE  DELETE  DELETE	authonze lorida Sta 7E: Registere 13 1.11 1.21 1.33 2.4 2.1 2.21 2.33 2.4 3.1 3.21 3.33 3.4.	AND THE STREET CITY-ST TITLE  NAME STREET CITY-ST TITLE  NAME STREET CITY-ST TITLE  NAME STREET CITY-ST TITLE  NAME STREET CITY-ST	ADDRESS T-ZIP ADDRESS ADDRESS	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition
office or ragent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. [NO] ND DIRECTORS  DELETE  INTE 405  DELETE  DELETE	authonze lorida Sta 7E: Registere 13 1.11 1.21 1.33 1.44 2.21 2.21 2.33 2.4 3.1 3.3 3.3 4.4	and Agent  TITLE  WAME  STREET  CITY-ST  TITLE  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  CITY-ST	ADDRESS T-ZIP ADDRESS ADDRESS	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition  Addition
office or ragent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. [NO] ND DIRECTORS  DELETE  INTE 405  DELETE  DELETE	authonze lorida Sta TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.33 3.4. 4.11	ad dy fitutes.  ITTLE  WAME  STREET  CITY-ST  TITLE  WAME  STREET  CITY-ST  TITLE  WAME  STREET  CITY-ST  TITLE  WAME  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP ADDRESS ADDRESS	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition  Addition
office or ragent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. [NO] ND DIRECTORS  DELETE  INTE 405  DELETE  DELETE	authonze lorida Stal TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.33 3.4. 4.11 4.2 4.33	ad dy fitutes.  ITTLE  WAME  STREET  CITY-ST  TITLE  WAME  STREET  CITY-ST  TITLE  WAME  STREET  CITY-ST  TITLE  WAME  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition
office or ragent. I an agent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. [NO] ND DIRECTORS  DELETE  INTE 405  DELETE  DELETE	authonze lorida Sta TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.33 3.4. 4.11 4.22 4.33 4.44	ad dy itutes.  ad Agent  itutes.  itutes.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change	DRS.IN 12  Addition  Addition
office or ragent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. NO ND DIRECTORS DELETE  INTE 405 DELETE  DELETE  DELETE	authonze lorida Stal  TE: Registere  13 1.11 1.21 1.33 1.44 2.21 2.33 2.4 3.11 3.32 3.4 4.11 4.2 4.33 4.41 5.11	ad by itutes.  ITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition
office or ragent. I ai agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. NO ND DIRECTORS DELETE  INTE 405 DELETE  DELETE  DELETE	authonze lorida Stal  TE: Registere  13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.34 4.11 4.2 4.33 4.41 5.11 5.21	AND THE STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition
office or ragent. I ai agent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. NO ND DIRECTORS DELETE  INTE 405 DELETE  DELETE  DELETE	authonze lorida Stal  TE: Registere  13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.32 3.4 4.11 4.2 4.33 4.41 5.11 5.21 5.33	AND THE STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition
office or ragent. I ai agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, F lent and title if applicable. NO ND DIRECTORS DELETE  INTE 405 DELETE  DELETE  DELETE	authonze lorida Stal  TE: Registere  13 1.11 1.21 1.33 1.44 2.21 2.33 2.4 3.11 3.31 3.4 4.11 4.2 4.33 4.41 5.11 5.21 5.33 5.44	ad by it tutes.  ITTLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  NAME  STREET  ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition
office or ragent. I ai agent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agent Printed Name of Printed	e of Florida. Such change was lations of, Section 607.0505, Figure and title if applicable. NO ND DIRECTORS DELETE  INTE 405  DELETE  DELETE  DELETE	authonze lorida Stal  TE: Registere  13 1.11 1.2) 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.32 3.4 4.11 4.2 4.33 4.41 5.11 5.21 5.34 6.11	and by it it it is a day of the street of th	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	s board of directors. Then then reinstating)  ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTI Change Change	DRS.IN 12  Addition  Addition

6.4 CITY-ST-ZIP

SIGNATURE:

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 suppliemental 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.

9/1-)52-8//p