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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700005117 (1)

FLORIDA POOL ENCLOSURES, INC.

FILED Mar 25 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
1328 TADSWORTH TERRACE 1326 TADSWORTH TERRACE HEATHROW FL 32746 HEATHROW FL 32746		E		
			DO NOT WRITE IN TH	IS SPACE
[			3. Date Incorporated or Qualified	
			01/13/1997	
2. Principal Place of Business	2a. Mailing Address	^- LOI	4. FEI Number	Applied For
21 456/ N. CO KA		521136	593420005	***************************************
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sanford	28 LONGWAY	al FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 32/13 25 SON	110 e   29   32752   30 6s of Current Registered Agent	Semmole	Personal Property Tax due June 30.	Yes No
	ss of Current Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
DELANOZ, MIKE		oi Name		
1761 STANLEY LONGWOOD FL 32750		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
LONGWOOD PL 32/50		83		·
]				
		84 City	F	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				
		agistered Agent signature require		N
12. OF	FICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME SECTEFALLY	reas,	1.2 NAME		
STREET ADDRESS	11 2013	1.3 STREET ADDRESS	•	8
CITY-ST-ZIP	water legit	1,4 CITY - ST - ZIP		2
TIPLE DOS CARDON	TL 32 1 419 DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME PROJECTION		2.2 NAME		
STREET ADDRESS MIKE DEKIN		2.3 STREET ADDRESS		
CITY-ST-ZIP 1/01 STANLE	y Longwood, FL32750	2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	l	3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		j
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	Dett.1.	4. 2 NAME		C Citalige C Maditibit
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	_	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
4.4. I barabu cartifu that the information	supplied with this filian does not suplify for th	a avamatian stated in t	Continu 110 07/21/i) Florida Statutos, Lituribar	contifue that the information

6. I nevery certify that the information supplied with this filling does not quality 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 eath; 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.