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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DERARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #7970000 10433

S.D.W. Pools, Inc.

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90011 040 \*\*\*150.00

Principal Plac	e of Business		Mailing Address								
								DO NOT I	WRITE IN	THIS SPACE	
						ŀ	3. Date Inco	rporated or Qual			
							$\circ$	2-03-	97		
2. Principal P	Place of Business		2a. Mailing Addre	ss			4. FEI Numb	er er		A	applied For
21 1379	2 54th La	ne North	26 13792	54th 1	lane No	oth	65-	08117	63	<u> </u>	lot Applicable
Suite, Apt.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #,	etc.	: <u>-1:                                   </u>		<del>-</del>	40.4		\$8.75	Additional
22			27			- 1	5. Certificate	of Status Desire	d 🗆		Required
City & Stat	le		City & State		- ا	.	6. Election C	ampaign Financ	ing 🗍	\$5.00	May Be
23 Boyal	Palm Be	ach, FL		alm Ba	ach, F	_	Trust Fund	d Contribution		Added	to Fees
Zip •-	Cou	ntry - · · · -	Zip		untry	$\perp \Lambda \parallel$		oration owes the	current yea		
<sup>24</sup> 334		m Deach	29 33411	30 7	alm Be	<u>ich</u>		Property Tax.		XYes	□No
		iress of Current R			81 Name		10. Name and	d Address of Ne	w Registe	red Agent	
Scot	·+ D.	winslo	W		- Itamo						
,	, -				82 Street . 83 1.37	Addres:	s (P.O. Box Nu 54+1	mber is Not Acc	eptable)	Jorth_	
					84 City	-1.	D 0		_		Code
11 Dureuant	to the provisions of S	ections 607 0502 a	nd 607 1508 Florid	a Statutes the		cornors	Taxm	nis statement for			3 4 1 1
office or r	registered agent, or bo	oth, in the State of F	Florida. Such chang	e was authorize	ed by the carpo	oration's	s board of dire	ctors. I hereby a	ccept the a	ppointment as m	egistered
agent. I a	ım familiar with, and a	ccept the obligation	is of, Section 607.05	505, Florida Sta	tutes.						
SIGNATURE	Signature, typed or printed no	me of registered agent an	i title if applicable	(NOTE: Registers	ed Agent signature re	enuired w	hen reinstating)		DAT	E	<del></del>
12.	Orginature, typed or primed to	OFFICERS AND D		1 13				S/CHANGES TO			ORS IN 12
TITLE			☐ DEI		TITLE	Pre	sident			☐ Change	
NAME				1,21	NAME	500		winslou	۷		, ,
STREET ADDRESS				135	STREET ADDRESS	127	92 S	4+h L	ane	North	`
CITY-ST-ZIP					CITY-ST-ZIP	e	at Pal	m Bea	ch.	FL 33	411
TITLE			☐ DEI		TITLE	<u>4</u>	<u>~\</u>		<u> </u>	☐ Change	Addition
NAME				2.21	NAME .						
STREET ADDRESS				23:	STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE			□ DEI		ritle					☐ Change	Addition
NAME				3.21	NAME						
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CITY-ST-ZIP				li li	CITY-ST-ZIP						
TITLE		<del></del>	☐ DEI		TITLE					☐ Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3 5	STREET ADDRESS						
CITY-ST-ZIP				- 1	CITY-ST-ZIP						
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CITY-ST-ZIP				5.4 (	CITY-ST-ZIP						
TITLE			☐ DEL	ETE 6.1	TLE					☐ Change	☐ Addition
NAME				6.2 1	AME						
STREET ADDRESS	1			6.3 8	STREET ADDRESS						
CITY-ST-ZIP				6.4 (	CITY-ST-ZIP						
14 I hereby o	certify that the informa	tion supplied with th	nis filing does not qu	alify for the ex-	mption stated	in Sec	tion 119.07(3)(	i), Florida Statuti	es. I further	r certify that the	information
indicated officer or Block 12 o	on this annual report director of the corpora or Block 13 if change	or supplemental an ition or the receive I or on an attachm	nual raport is true a or trustee empowe ent with an address	nd accurate and red to execute t with all other to	that my signa his report as r ke empowered	ature st equired I.	hall have the sa I by Chapter 60	ame legal effect a 07, Florida Statu	is if made tes; and th	under oath; that at my name app	l I am an Dears in

SIGNATURE:

Scott D. Winslow 4-27-99 561-333-0567