

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019336 (1)
1. Corporation Name

PREFERRED POOLS, INC.

Principal Place of Business

3514 LAKEVIEW BLVD.
DELRAY BEACH FL 33445

Mailing Address

3514 LAKEVIEW BLVD.
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

ROMAN, PHILIP M P.A.
4400 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME RICH, DANIEL A
STREET ADDRESS 3514 LAKEVIEW BLVD.
CITY-STATE-ZIP DELRAY BEACH FL 33445

TITLE [] DELETE

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STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

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STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

600002655956--1
-10/05/98-01133-002

****150.00 ****150.00

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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 a separate attachment with an address.

SIGNATURE:

[Signature]

9/15/98 (561) 499-2209

APPROVED
AND
FILED

98 SEP 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0732133

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of Now Registered Agent

CR2E034 (5/98)

To whom it may concern:

WJZ

I AM VERY SORRY THE
FIRST REPORT DID NOT REACH
YOUR OFFICE. I FILLED OUT
THE FIRST ANNUAL REPORT
WITH A CHECK FOR \$150.00
I HAVE BEEN OUT OF THE STATE FOR 3 MONTHS AND
FOUND A SECOND NOTICE.
I CALLED THE BANK AND
FOUND OUT THE CHECK
NOT BEEN CLEARED.
I FILED YOUR OFFICE
SPOKE TO ONE OF
OFFICERS. I AM
FOLLOWING THE INSTRUCTIONS
AS TOLD TO DO.

I APPRECIATE YOUR
UNDERSTANDING + HOPE
THIS MATTER WILL BE
SOLVED.

Thank you.
MR. Dominga. Rich