

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000028205 (7)
 1. Corporation Name
BAYVIEW POOL SERVICE, INC.



Principal Place of Business: 6301 N.W. 5TH WAY #3600 FT. LAUDERDALE FL 33309
 Mailing Address: 6301 N.W. 5TH WAY #3600 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/25/1997

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 25 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
65-0737147
 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

9. Name and Address of Current Registered Agent
AMIDENEAU, CLAUDE
6301 N.W. 5TH WAY
#3600
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name **JUDITH CONFORTI**
 82 Street Address (P.O. Box Number is Not Acceptable)
6301 N.W. 5TH WAY
 83 **#3600**
 84 City **FT LAUDERDALE** FL 85 Zip Code **33309**

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 *Judith Conforti* DATE **5/22/98**
(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PST	<input checked="" type="checkbox"/>
NAME	AMIDENEAU, CLAUDE	
STREET ADDRESS	6301 N.W. 5TH WAY, #3600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JUDITH CONFORTI		
1.3 STREET ADDRESS	6301 N.W. 5TH WAY #3600		
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309		
2.1 TITLE	VT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RICHARD CONFORTI		
2.3 STREET ADDRESS	6301 N.W. 5TH WAY		
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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, the receiver or trustee, and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE *Judith Conforti* **JUDITH CONFORTI** 561-883-6034

CR2E034 (10/97)