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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031582 (4)

MIDWEST POOL SERVICE, INC.

Principal Place of Business	Mailing Address
8807 32ND AVE. W.	6807 32ND AVE. W.
BRADENTON FL \$4209	BRADENTON FL 34209

Country

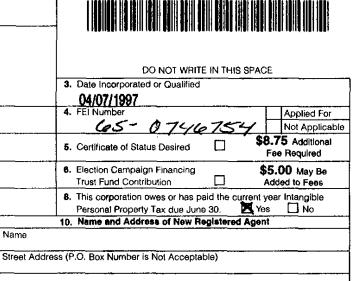
9. Name and Address of Current Registered Agent

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KOESTER, DAVID J 8807 **32N**D AVE. W.

BRADENTON FL 34209

FILED Apr 24 1998 8:00am Secretary of State



11-15-98 - PULL OF INVIR

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) 10997 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Change Addition TITLE PTD 1.1 TITLE KOESTER, DAVID J NAME 1.2 NAME 6607 32ND AVE. W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE vsd 2.1 TITLE NAME KOESTER, DIANE K 2.2 NAME 6607 32ND AVE. W. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 an appear of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corp

Country

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