

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 034 ***150.00

DOCUMENT # P97000057688

1. Corporation Name

P OOL SUPPLY CENTER, INC.

Principal Place of Business

9187 FONTAINEBLEAU BLVD.
SUITE 11
MIAMI, FL 33172

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/97

4. FEI Number

65-0765582

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 the current year intangible
Personal Property Tax

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITZ DIAZ
9187 FONTAINEBLEAU BLVD.
SUITE 11
MIAMI, FL 33172

11. Name

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

13.

14. City

FL

15. Zip Code

11. Pursuant to the provisions of Sections 607.0552 and 607.1506, 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 607.0555, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's picture required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE p PEDRO DIAZ ☐ DELETE
NAME 9187 FONTAINEBLEAU BLVD. #11
STREET ADDRESS MIAMI, FL 33172
CITY-STATE-ZIP

14. TITLE ☐ Change ☐ Addition
15. NAME
16. STREET ADDRESS
17. CITY-STATE-ZIP

TITLE VP/LITZ DIAZ ☐ DELETE
NAME 9187 FONTAINEBLEAU BLVD. #11
STREET ADDRESS MIAMI, FL 33172
CITY-STATE-ZIP

18. TITLE ☐ Change ☐ Addition
19. NAME
20. STREET ADDRESS
21. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

22. TITLE ☐ Change ☐ Addition
23. NAME
24. STREET ADDRESS
25. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

26. TITLE ☐ Change ☐ Addition
27. NAME
28. STREET ADDRESS
29. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

30. TITLE ☐ Change ☐ Addition
31. NAME
32. STREET ADDRESS
33. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

34. TITLE ☐ Change ☐ Addition
35. NAME
36. STREET ADDRESS
37. CITY-STATE-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 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, with all other like empowered.

SIGNATURE:

LITZ DIAZ V/P

04/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

CR2E034 (11/98)