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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000063349 (9)

FILED Apr 21 1998 8:00am Secretary of State

SAVE A	A CHILD POOL FENCE, INC	C.			
Principal Place	e of Business	Mailing Address			NO TRABO TATA DIGHE IDIN ADDE
566 VERA CE		566 VERA CRUZ BLVD			
INDIALANTIC		INDIALANTIC FL 32903			
				DO NOT WRITE IN THIS S	SPACE
				 Date Incorporated or Qualified 07/21/1997 	
2. Principal Pl	age of Business	2a. Mailing Address		4. FEI Number /	Applied For
21		26		59-3461714	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the curr	rent year Intangible
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered A	\gent
	(ON, SCOTT C		81 Name		
2115 PALM BAY RD, SUITE #1E			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
PA	LM BAY FL 32905		83		
			84 City	FL	85 Zip Code
agent. ‡ ai SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signatur, typed or protect name of registers age OF LICERS AN	ations of, Section 607.0505, F1	authorized by the corpo orida Statutes. E Registered Agent's gualuic re-	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropried where reinstailing? ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	DELETE	1.1 Tifus		Change Addition
NAME	GENNA, KATERI E	L-1 precit	1.1 III.CF		C change C required
STREET ADDRESS	566 VERA CRUZ BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CMY+ST-ZIP		
THLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	PLATT, DANIEL R		2.2 NAME		<u> </u>
STREET ADDRESS	805 WHITMIRE DR		2.3 STREET ADDRESS		
City-St-ZIP	MELBOURNE FL 32935		2. 4 CITY-ST-ZIP		
TITLE	8 D	[_] DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	PLATT, SHARON D		3.2 NAME		
STREET ADDRESS	805 WHITMIRE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		3 4. CITY-\$T-7IP		
TITLE	10	DELETE	4.1 TITLE		Change Addition
NAME	GENNA, PETE		4. 2 NAME		
STREET ADDRESS	566 VERA CRUZ BLVD		4.3 STREET ADDRESS		
CITY+ST-ZIP	INDIALANTIC FL 32903		4.4 C/1Y - ST - 7/P		
TITLE		☐ DELETE	5171116		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Loriete	5.4 CITY - ST - 7IP		Chapas Asser-
TITLE		DELETE	6 1 1 ITLF		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS	\sim		6.3 STREET ADDRESS		
City-St-ZIP	artify that the information on plied as	ith this films dose not audiful	64 CITY-ST-7/P	in Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information
indicated officer or of	on this annual report of supriversionla	al annual report is true and acc giver or trustee empo ye red to	curate and that my signs	in Section 119-07(5)(), Horida Statules, Flumidicel alure shall have the same legal effect as if made und equired by Chapter 607, Florida Statules; and that m	der oath: that I am an