

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

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000082575 (6)**

1. Corporation Name  
**TOTAL POOL CONCEPTS, INC.**

Principal Place of Business

**7415 NW 44 ST. APT 1405  
LAUDERHILL FL 33319**

Mailing Address

**7415 NW 44 ST. APT 1405  
LAUDERHILL FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8250 N.W. 23 St. 33322</b>		2a. Mailing Address <b>8250 N.W. 23 Street</b>		3. Date Incorporated or Qualified <b>09/22/1997</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0791456</b>	
22. City & State <b>SUNRISE FL</b>		27. City & State <b>SUNRISE, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>FL 33322</b>		28. Zip <b>33322-3084</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>USA</b>		29. Country <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LOPEZ, LEONARDO 7415 NW 44 ST, APT 1405 LAUDERHILL FL 33319</b>				10. Name and Address of New Registered Agent	
				81. Name <b>LOPEZ, LEONARDO</b>	
				82. Street Address (P.O. Box Number is Not Acceptable) <b>8250 N.W. 23 Street</b>	
				83. City <b>SUNRISE</b>	
				84. Zip Code <b>FL 33322</b>	

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: *Leonardo Lopez* (NOTE: Registered Agent signature required when reinstating) DATE: **4-4-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOPEZ, LEONARDO</b>		1.2 NAME <b>LOPEZ, LEONARDO</b>	
STREET ADDRESS <b>7415 NW 44 ST, APT 1405</b>		1.3 STREET ADDRESS <b>8250 N.W. 23 Street</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33319</b>		1.4 CITY-ST-ZIP <b>SUNRISE, FL 33322-3084</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *Leonardo Lopez* DATE: **4-4-98** (954) 747-7460

CR2E034 (10/97)