

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 Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90228 021 ***150.00

DOCUMENT # P97000082575

1. Corporation Name TOTAL POOL CONCEPTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8250 N.W. 23RD STREET SUNRISE FL 33322-3084 US

Mailing Address 8250 NW 23RD STREET SUNRISE FL 33322-3084 US

3. Date Incorporated or Qualified 09/22/1997

4. FEI Number 65-0791456 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

21. Principal Place of Business (New) 2262 N.W. 81st Terr

22. City & State Sunrise Fla

23. Zip 33222 Country U.S.A

24. Mailing Address (New) 2262 N.W. 81st Terr

25. City & State Sunrise Fla

26. Zip 33322 Country U.S.A

9. Name and Address of Current Registered Agent LOPEZ, LEONARDO 8250 N.W. 23RD STREET SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 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] DATE 2-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change
NAME	LOPEZ, LEONARDO	1.2 NAME	LOPEZ, LEONARDO
STREET ADDRESS	8250 NW 23RD STREET	1.3 STREET ADDRESS	2262 N.W. 81ST TERRACE
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	SUNRISE FLA 33322-3084
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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: [Signature] DATE 2-28-99 (954) 747-7460

CR2E034 (11/96)