

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90164 025 ***150.00

DOCUMENT # P97000089542

1. Corporation Name
SHOWCASE POOLS CORP.

Principal Place of Business
**1240 SOUTH BERMUDA AVENUE
KISSIMMEE FL 34741**

Mailing Address
**1240 SOUTH BERMUDA AVENUE
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1997

4. FEI Number
59-3473017

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
1219 Clay Street
Suite, Apt. #, etc.

2a. Mailing Address
1219 Clay Street
Suite, Apt. #, etc.

22. City & State
Kissimmee, FL

27. City & State
Kissimmee, FL

23. Zip Country
34741 USA

28. Zip Country
34741 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD KIEBLER, MICHAEL S**
STREET ADDRESS **1240 SOUTH BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1219 Clay Street**
1.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☒ DELETE
NAME **VD FLOOD, DANIEL A**
STREET ADDRESS **1240 SOUTH BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S FLOOD, TRACEY A**
STREET ADDRESS **1240 SOUTH BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1219 Clay Street**
3.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☒ DELETE
NAME **T LANCE, STEPHANIE M**
STREET ADDRESS **1240 SOUTH BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 518-9232
Daytime Phone #

CR2E034 (11/98)