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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000104829 (1) DOCUMENT #

POOL BARRIER OF THE SUNCOAST, INC. Principal Place of Business Mailing Address

FILED Feb 24 1998 8:00am Secretary of State

106 COMMERCE WAY 106 COMMERCE WAY BUILDING B-7 **BUILDING 8-7** DO NOT WRITE IN THIS SPACE JUPITER FL 33458-8840 JUPITER FL 33458-8840 3. Date Incorporated or Qualified 12/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-079B047 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes Yes ΠNo 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRYDA, WILLIAM 106 COMMERCE WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BUILDING B-7** 83 JUPITER FL 33458-8840 84 City 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE KRYDA, WILLIAM 12 NAME NAME 106 COMMERCE WAY, BUILDING B-7 STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33458-8840 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 6 1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 his eport as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an