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 # P97000107263 (0)

FILED May 14 1998 8:00am Secretary of State

Principal Plac	PARADISE POOLS, INC.	Mailing Address 270 LAYNE BLVD. #302		
270 LAYNE BLVD. #302 270 LAYNE BLVD. #302 HALLANDALE FL 33309 HALLANDALE FL 33309				
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				12/22/1997
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21		26 PO Box 850	86	65 - 07 9966 / Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 27 27 Ch. 6 State				Fee Required
City & State		City & State	E1	6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 MALLANDAUE	Country	Trust Fund Contribution Added to Fees
24	25	29 33000 -506		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curre		00 23 1000	10. Name and Address of New Registered Agent
H/A	ARMACK, ROBERT		81 Name	
270 LAYNE BLVD, #302			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
HALLANDALE FL 33309				Cas (1. C. Box Hambor to Hot Nobel plants)
			83	
			84 City	≥ 85 Zip Code
			1 1	[-]_
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida Such change was a gations of, Section 607.0505, Flo	ulhorized by the corporat rida Statutes.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered a		Registered Agent signature requir	
12.	D	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	HARNACK, ROBERT		1.2 NAME	Change C Account
STREET ADORESS	270 LAYNE BLVD, #302		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33309		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$T-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		D otter	4.1 THE	Change C Adding
STREET ADDRESS			4.2 HAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	<u> </u>	DELETE	5.1 TITLE	Change Addition
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1			
			6.2 NAME	
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual ceport 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 this tee 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 appendix with an address.

CIONATURE.

12.21.98

051/12: 52-