

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 05, 1999 8:00 am
Secretary of State

03-05-1999 90073 004 ***150.00

DOCUMENT # P98000000801

1. Corporation Name

AQUA MARINE POOLS, INC.

Principal Place of Business

1202 S.E. NAPLES LANE
PORT ST. LUCIE FL 34952

Mailing Address

1202 S.E. NAPLES LANE
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

65-0816344

Applied For

Not Applicable

2. Principal Place of Business

21 1501 DECKER AVE.

2a. Mailing Address

26 1501 DECKER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #116

27 #116

City & State

23 STUART, FL

City & State

28 STUART, FL

Zip

24 34994

Country

25 U.S.

Zip

29 34994

Country

30 U.S.

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

9. Name and Address of Current Registered Agent

KRAMER, SCOTT ESQ
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BROWN, RODDY
STREET ADDRESS 1202 S.E. NAPLES LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME RODDY BROWN #6

1.3 STREET ADDRESS 974 SPENCE RIDGE DR.

1.4 CITY-ST-ZIP STUART, FL. 34994

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME RICHARD ABRAHAM

2.3 STREET ADDRESS 4102 S.E. NEWTON ST.

2.4 CITY-ST-ZIP STUART, FL. 34994

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 561-7813033
Date Daytime Phone #

0513613

CR2E034 (11/98)