## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019283

POOLTROL DISTRIBUTORS, INC.

Mailing Address Principal Place of Business 1111 S.W. 21ST AVENUE 1111 S.W. 21ST AVENUE BAY 10 BAY 10 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 02/27/1998

**FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90009 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

2.	. Principal Place of Business			2a. Maili	2a. Mailing Address				4. FEI Number Applied For	
21				26	26				68.0828766 Not Applicable	
	Suite, Apt. #	ŧ, etc.		Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
22	"City"& State		<del> </del>	<del></del>	City & State				6. Election Campaign Financing \$5.00 May Be	
23	City & State	•		28	<b>⊢</b> ′				Trust Fund Contribution Added to Fees	
-	Zip		Country	Zip Co			itry		8. This corporation owes the current year	
24	25			29	29 30				Intangible Personal Property. Yes No	
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent	
DOTOCKI NAMELIANA							81 Name			
DOTSON, WILLIAM						ļī.	82 Street Address (P.O. Box Number is Not Acceptable)			
	1111 S.W. 21ST AVENUE									
BAY 10 FORT LAUDERDALE FL 33312						[	83			
FONT ENODERDALE PE 33312						1	84 City FL 85 Zip Code			
11. Dursupst to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the above-named composation 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										
L							stered Agent signature required when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12			OF FICERS AN	DIRECTOR		13.	_			
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1	NAME FERENTINOS, PETER A				1.2 NA			ADDDESS.		
l .						1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
-	TY-ST-ZIP SMITHTOWN NY 11787					2.1 TITL		ZIP	Change Addition	
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	ME							ADDRESS		
	REET ADDRESS					2.4 CITY				
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	ry-ST-ZIP					3.4 CIT		i		
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NA	ME			-		6.2 NAM	ΜE			
ST	REET ADDRESS					6.3 STR	REET.	ADDRESS		
	TY-ST-ZIP		. "			6.4 CIT				
1 44	I boroby or	wife that the	information aupplied with	this filing dos	e not qualify for t	he evernni	tion	stated in sec	tion 119 07(3)(i) Florida Statutes I further certify that the information	

an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Fromer 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.

**SIGNATURE:** 

POOL-TROL DISTRIBUTORS, INC.

Dear Sir,

July 2,99

letter is to inform