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** 

## FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90015 001 \*\*\*550.00

DOCUMENT	#	P98000040773
1. Corporation Name		1 3000000

MARIO'S POOL, INC.

Principal Place of Business	
231 N.W. 53RD COURT	
POMPANO BEACH FL 33064	

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Principal Plac	e or business	Mailing Address							
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}					3. Date Incorporated or	Qualified	<del></del>		7
Ì					05/04/1998				
2. Principal P	Place of Business	2a. Mailing Address			4 EEI Number	1100	A An	plied For	1
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<del>                                     </del>	9. Name and Address of Curre	nt Registered Agent		04 11	10. Name and Address	of New Registered	Agent	<del></del>	4
GAG	NON, MARIO		}	81 Name	W/a	LITEL	Mel	/ ,	}
	N.W. 53RD COURT		ŀ	82 Street A	ddress (P.O. Box Number is No	ot Acceptable)		- <i>U</i>	1
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POM	PANO BEACH FL 33064		ĺ	83			•		7
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11 Pursuant	t to the provisions of sections 607.050	22 and 607 1508 Florida Statute	es the abo			·		<del>6</del> 64	ł
office or	registered agent, or both, in the State	e of Florida. Such change was :	authorized	by the corpor	ration's board of directors. I here	eby accept the appo	intment as reg	gistered	
l agent i a							44		
	am familiar with, and accept the oblig	ations of section 607.0505, Fi	orida Statu	utes.		m 11	.44		-
SIGNATURE	Walter W.	ello				7.25	99		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Register		required when reinstating)	DATE			á
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NI	OTE: Register	ed Agent signature	required when reinstating)  ADDITIONS/CHANGE	DATE	ND DIRECTO		100/2
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (N	OTE: Registere 13.	ed Agent signature		DATE		RS IN 12	(B) (A)
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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, profilan attachment with an address.

SIGNATURE: