1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000041656

TRANSPARENT POOLS, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90110 004 ***150.00



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Principal Place	e of Business	Mailing Address		·		
118 NE 22ND STREET DELRAY BEACH FL 33444-4222 DELRAY BEACH FL 33444-4222			10			
			/2	DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	-	,
				05/07/1998		Ì
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Α	oplied For
	nacy Street	26 835 Macy	Street	65-0845662		lot Applicable
Suite Apt.		Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75	Additional ===
22		27		5. Certificate of Status Desired	Fee F	Required
City & Stat	9) 01 6	City & State	12.1	6. Election Campaign Financing	\$5.00	May Be
23 luest	talm 13ch, th	28 West Yalm	Bch, FL	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip 1 Jan	Country	This corporation owes the current year		ъ. I
24 334	05 25 USA .	29 35405 30	J USA	Personal Property Tax.	□Yes	XIN0
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
MOC	CLIDDAY JOHN		81 Name	James E. Bingold		
	CURDAY, JOHN		82 Street	Address (P.O. Box Number is Not Acceptable)		
	NE 22ND STREET	·	<u> </u>	35 macy street		
UEL	RAY BEACH FL 33444-4222		83			j
			84 City		. 85 Zip	Code
			Tu	lest Kalm Boh F	L 3	3405
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing it pointment as r	ts registered -\ egistered =\
agent. I a	registered agent, or both, in the state of im familiar with, and accept the obligation	ons of Section 607.0505, Florid		PAMES É. BINGOUD 1	1/1/0	0
SIGNATURE	Sames & E	ancod 1	KE5.		14/9	Z \
	algnature, typed or printer name of registered agent		egistered Agent signature r		/ /	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	
TITLE	PD	⊠ DELETE	1.1 TITLE	BINGOLD, JAMES E.	J⊠ Criange	Addition
NAME	MCCURDY, JOHN		1.2 NAME	835 Macy Street		
STREET ADORESS	118 NE 22ND STREET		1.3 STREET ADDRESS	west Palm Bch, FL 3340	, 	
CITY-ST-ZIP	DELRAY BEACH FL 33444-4222		1.4 CITY-ST-ZIP			T A Julia
TITLE	STD	☐ DELETE	2.1 TITLE	STD	Change	Addition
NAME	BINGOLD, JIM		2.2 NAME	BINGOLD, GLENDA L.		
STREET ADDRESS		and the same of	2.3 STREET ADDRESS	835 macy street	405	
CITY-ST-ZIP	DELRAY BEACH FL 33444-4222		2. 4 CITY-ST-ZIP	west Palm Bch, FL 33		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			J
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	,	Change	Addition
NAME	}	•	4, 2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	,	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	·		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·		
	4 4 20 20 20 20 20 20	☐ DELETE	6.1 TITLE		[] Change	Addition
£37%	And the Control of th		6.2 NAME	· · · ·		
٠٠,	25 30 PRESE		6.3 STREET ADDRESS			{
SIREEI AUURESS	7. 3. 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		0.4.0FD/, 0T, 7ID			

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: