**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000048918

1. Corporation Name

A POOL FENCE COMPANY, INC.

Principal F	Place	of Busine	SS
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Mailing Address

3199 S OCEAN DRIVE. #305E

3199 S OCEAN DRIVE. #305E

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90085 049 \*\*\*150.00



HALLANDALE FL 33009		HALLANDALE FL 33009	HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/28/1998			
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number	A	pplied For	
21		26			65-0558459	N/	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired	
City & Stat	re ·	City & State	_		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr		8. This corporation owes the current year Int	tangible		
24	25	29	30		Personal Property Tax.	¥Yes	□No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
	r, daniel		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
3199 S OCEAN DRIVE, #305E			0.	. Succi Add	1003 (1.0. Box realition to real vioceptions)			
HAL	LANDALE FL 33009		83	3				
			_	1 000		or Zio	Code	
			84	City	FL	85 Zip	Code	
office or i	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was a	utnorized by	/ the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint the appoint is the province of the appoint in the purpose of the appoint is the purpose of the purpose of the appoint is the purpose of the appoint is the purpose of the p	changing its intment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Age	ent signature require	ed when reinstating) DATE			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	DYER, DANIEL	•	1.2 NAME	ł				
STREET ADDRESS	3199 S OCEAN DRIVE, #30	5E	1.3 STREI	T ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	AUGUSTIN, LESLY		2.2 NAME					
STREET ADDRESS	ACTA NESAGAOT OTOTET &	256	2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3		2. 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Additio	
NAME			3.2 NAME					
STREET ADDRESS			1	ET ADORESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Additio	
NAME		<u> </u>	4, 2 NAME	.			•	
STREET ADDRESS			4	ET ADDRESS				
			4.4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE	o, all		Change	Addition	
NAME			5.2 NAME			-		
			5.3 STRF	ET ADDRESS			•	
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	☐ Additio	
TITLE		□ vere≀c	6.2 NAME					
NAME;								
STREET ADDRESS	1		0.351RE	ET ADDRESS				

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP



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