## 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

DOCUMENT #	P98000065459
	1 000000000000

1. Corporation Name

EZ-CARE AUTOMATED POOL PRODUCTS, INC.

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Principal Place	e of Business		Mailing Address				1	I 1961/1061 tra tarat lätit belit netin eeus eris esist kist kisest atine tert reat.				
846 GATLIN RI			3846 GATLIN RIDGE DRIV	Ξ			i					
ORLANDO FIL 32812			ORLANDO FL 32812					DO NOT WE	RITE IN TH	S SPACE		
								corporated or Qualife				
a Principa Di	ace of Business	<del> </del>	2a, Mailing Address				4. FEI Nu			P	pplied For	
Z. FIRICIPA FI	ace of Busiliess		26					525 048			ot Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.								Additional	
Suite, Apr.	# <sub>1</sub> 0.00.		27				5. Certifo	ite of Status Desired			Recuired	
City.&.S:ate	9		-City & State-		_			1 Campaign Financing		\$5.00	) May Be	
3			28					und Contribution	' <sup>-</sup>		to Fees	
Zip	Countr	у	Zip	Cou	ntry		8. This co	rporation owes the cu	rrent year Ir	ntangible		
4	25		29	30			Person	al Property Tax.		☐ Yes	( <b>K</b> No	
	9. Name and Add	ess of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	Ĺ.,		10. Name	and Address of New	Registere	l Agent		
					81	Name	RIC S	. BeACH				
	RILAWYER				82	Street Add	tress (P.O. Box	Number is Not Accep	table)			
	almeria avenue					3846	6 GATLI	J BIDGE	DRIVE			
COR	AL GABLES FL 3313	34			83		<b>-</b>	· <del></del>				
					84	City				85 Zip	Code	
					54	City COR 1.33	1000		F	L   "   3	28/2	
11. Pursuant	to the provisions of Se	tions 607.0502	and 607.1508, Florida Statu	es, the a	bove	-named cor	poration submi	s this statement for th	e purpose	of changing it	ts registered	
office or re agent. at	egistered agent, or both m familiar with, and acc	i, in the State of ept the obligati	Florida. Such change was ons of, Section 607.0505, Fl	autnorizet orida Stat	utes.	tne corporat	Hon's board or t	rrectors, i hereby acc	ebruie abb.	niiliiitein as i 1	egistered	
	Cu: A	Car.	L - Passinle	. 1					4/	2 /99		
SIGNATURE	Signature, typed or printed name	e of registered agent	and title if applicable (NOT	1: Registered	Agen	t signature requ	red when reinstating)		DATE			
12.		OFFICERS AND		13.			ADDITIO	NS/CHANGES TO O	FFICERS /			
TITLE	PD		☐ DELETE	1.1 TÜ	TLE					☐ Change	Addition	
NAME	BEACH, ERIC S			1.2 N	₩E							
STREET ADDRE 3S	3846 GATLIN RIDG	ie drive		1.3 S	REET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 328	12	<u> </u>	1.4 C	TY-S1	-ZIP					- Addition	
TITLE	VD		☐ DELETE	2.1 TI	TLE	1				Change	Addition	
NAME	Beach, Linda M			2.2 N	ME							
STREET ADDRESS	3846 GATLIN RIDG	E DRIVE		235	REET	ADDRESS						
CITY-ST-ZIP ·	ORLANDO FL 3281	2		2.40	ITY-S	T-ZIP —						
TITLE			☐ DELETE	3.1 T)	ΠE	1				Change	Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP					ITY-S	T-ZIP					Addition	
TITLE			☐ DELETE	4.1 TI	TLE					Change	e	
NAME				4.2N	AME							
STREET ADDRESS				4 3 S	REET	ADDRESS						
CITY-ST-ZIP					TY-S	r-ZIP					- Addition	
TITLE			☐ DELETE	5.1 T						☐ Change	Addition	
NAME				5 2 N								
STREET ADDRESS.				1		ADDRESS						
CITY-ST-ZIP					TY- \$1	r-ZIP						
TITLE			☐ DELETE	6.1 T		Ì				Change	Addition	
NAME				6.2 N		1						
	i					ADDRESS						

64 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 a little empowered.

SIGNATURE: