

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90078 025 ***158.75

DOCUMENT # P98000073832

1. Corporation Name

ATLANTIS POOLS & SPAS INC.



Principal Place of Business

7287 SW 93RD ST. RD.
OCALA FL 34476

Mailing Address

7287 SW 93RD ST. RD.
OCALA FL 34476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

59-352-9363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 341 N. U.S. Hwy 27

Suite, Apt. #, etc.

City & State

23 CLERMONT FL.

Zip Country

24 34476 U.S.

2a. Mailing Address

26 341 N U.S. Hwy 27

Suite, Apt. #, etc.

City & State

28 CLERMONT FL.

Zip Country

29 34476 U.S.

9. Name and Address of Current Registered Agent

DOS RIES, ADRIANO
7287 SW 93RD ST. RD.
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name LORENZO GARMENDIA

82 Street Address (P.O. Box Number is Not Acceptable)

341 N. U.S. Hwy 27

83

84 City CLERMONT

FL

85 Zip Code 34476

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 LORENZO GARMENDIA

4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES. ADRIANO DOS RIES
7287 SW 93RD ST. RD.
OCALA, FL 34476

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT LORENZO GARMENDIA 341 N. U.S. Hwy 27 CLERMONT, FL 34476

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VICE-PRESIDENT JAMES CALLEN 341 N. U.S. Hwy 27 CLERMONT, FL 34476

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-ST-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-ST-ZIP

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-ST-ZIP

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 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 all other like empowered.

SIGNATURE: LORENZO GARMENDIA 4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)