

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-06-1999 90283 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000098464**

1. Corporation Name  
**SILVA'S POOL SERVICES, INC.**



Principal Place of Business 4760 NORTHWEST 24TH COURT SUITE 207 LAUDERDALE LAKES FL 33313 <i>3140 SW 19 ST #668 HALLANDALE FL 33009</i>	Mailing Address 4760 NORTHWEST 24TH COURT SUITE 207 LAUDERDALE LAKES FL 33313 <i>3140 SW 19 ST #668 HALLANDALE FL 33009</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/23/1998</b>	4. FEI Number <b>65-0880497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name <b>GOPAUL BISSOONDATT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <del>4760 NW 24 CT, #207</del> <b>LAUDER 3140 SW 19 ST, #668</b> 84 City <b>HALLANDALE, FL</b> 85 Zip Code <b>33009</b>
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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 607.0805, Florida Statutes.

SIGNATURE: *Gopaul Bissondatt* DATE: **3/11/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	MAHARAJ, ANEEL <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>GOPAUL BISSOONDATT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4760 NORTHWEST 24TH COURT	1.2 NAME <b>PRES, DIR.</b>	
STREET ADDRESS	LAUDERDALE LAKES FL 33313	1.3 STREET ADDRESS <del>SAME ADDRESS</del>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>3140 SW 19 STREET, #668, HALLANDALE</b>	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>FL 33009</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, MICHAEL	2.2 NAME	
STREET ADDRESS	4760 NORTHWEST 24TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Gopaul Bissondatt* DATE: **3/11/99** DAYTIME PHONE #: **954-966-1690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

029387

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