SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 08/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S53445

(0)

PELICAN POOL SERVICE OF MIAMI. INC.

FILED
Aug 27 1998 8:00am
Secretary of State

Principal Plac 6220 SOUTHWI MIAMI FL 3315	EST 116TH STREET	Mailing Address 6220 SOUTHWEST 1 MIAMI FL 33156	16TH STREET			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						05/15/1991
	Place of Business	2a. Mailing Addres	s			4. FEI Number Applied For
21		26				65-0267332 Not Applicable
Suite, Apt.	#, etc.	<u></u> -	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & Stat	la	City & State	City & State			
23	NO.	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		Ţ		10. Name and Address of New Registered Agent
	ER, ROSEMARY B			81	Name	
6220 SOUTHWEST 116TH STREET				82	Street	Address (P.O. Box Number is Not Acceptable)
MIA	MI FL 33156			83	 	
				03		
				84	City	FL 85 Zip Code
l office or	t to the provisions of sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblic Signature, typed or printed name of registered ag	e of Florida. Such change gations of, section 607.05	was authoriz 05, Florida St	ed by atute:	the corps.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered ure required when reinstating) DATE
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELE	TE 1.11	TITLE		Change Addition
NAME	MILLER, ROSEMARY B.		1.21	NAME		
STREET ADDRESS	6220 S.W. 116TH STREET		1.3 8	STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.43	CITY-S	T-ZIP	
TITLE		DELE		TITLE		Change Addition
NAME				VAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CHY-S	1-ZIP	
TITLE		L DELE	.,.	TITLE		Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		Пен		CITY-ST	I-ZIP	
NAME		L DELE	.16	NAME		Change Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-SI		
TITLE		DELE		TITLE		Change Addition
NAME	<u>}</u>	☐ DETE	.,_	NAME		Charge L. Adulton
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-ST		
TITLE		DELE		ITLE		Change Addition
NAME				NAME		The state of the s
STREET ADDRESS			6.3 5	TREET	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 it engaged, or on an attachment with an address.