

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**MIRAGE POOLS, INC.**

Principal Place of Business

3491 HIATUS ROAD  
SUNRISE FL 33351

### Mailing Address

3491 HIATUS ROAD  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

☐ Yes ☒ No

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CAROL, DAVID  
11810 NW 12TH DR  
~~3751 ENAMON BLVD. A~~  
CORAL SPRINGS FL 33071

81	Name	DAVID CAROL
82	Street Address (P.O. Box Number Not Acceptable)	11810 NW 12 <sup>th</sup> DRIVE
83		
84	City	CORAL SPRINGS

11. Pursuant to the provisions of Sections 607.0503 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**

DAVID CORAL

4/28/98

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STEVEN	
STREET ADDRESS	916 CARMANS RD	
CITY - ST - ZIP	MASSAPEQUA NY	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELFT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> BEL FTE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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.

SIGNATURE: Steven Shapiro STEVEN SHAPIRO 4/29/98 954-377-2664

CR2E034 (10/97)