## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

PERMA-BUILT POOLS INC.

**FILED** Jan 29 1998 8:00am Secretary of State

	10000 MO										
Principal Place	of Business	Mailing Addre	SS		-		1   <b>F1</b> 2   <b>E</b> 1   <b>5</b>    1   <b>1  </b>   1				
7354 HEATHL		Ť									
7354 HEATHLY DR 7354 HEATHLY DR LAKE WORTH FL 33467 LAKE WORTH FL 33467							DO NOT WRITE IN THIS SPACE				
						-	3. Date Incorporated		T IN THIS	SPACE	
								i or Quaimed			
2. Principal Pl	ace of Business	2a. Mailing Ad	dress				12/16/1991 4. FEI Number				pplied For
21		26				Į	65-0321331				lot Applicable
Suite, Apt.	*, etc.	Suite, Apt.	#, etc.							<del></del>	Additional
22		27					5. Certificate of Stati	ıs Desired			Required
City & State		City & State	9		•		6. Election Campaig	n Financing		\$5.00	May Be
23		28					Trust Fund Contril	_			I to Fees
Zip	Country	Zlp		Country	,	-	8. This corporation of	wes or has pa	aid the cur		
24	25	29	30	0			Personal Property	Tax due June	30.	∐ Yes ]	X No
	9. Name and Address of Curren	t Registered Agent					<ol><li>Name and Addre</li></ol>	ss of New Re	gistered	Agent	
KO	NDENAR, BRIAN			81	Name						
10170 NW 43 ST CORAL SPRINGS FL 33065					Street	Address	s (P.O. Box Number is	Not Acceptat	ole)		
CO	tal springs fl 33063			83							
				84	City					85 Zip	Code
				ناب					FL	_   }	
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obliga	2 and 607.1508, Flor of Florida. Such cha	rida Statutes, ande was autl	the above horized by	a-named the core	corpora poration	ation submits this state 's board of directors. I	ment for the p	urpose of	f changing i	its registered
agent. I an	familiar with, and accept the obliga	itions of, Section 60	7.0505, Floric	la Statutes	s.				, and app	on to right at	o regionered
SIGNATURE											
12.	Signature, typed or printed name of registered agen OFFICERS AND		(NOTE: R		nt signature	e required w	when reinstating)		DATE		
TITLE	Р		DELETE	13.			ADDITIONS/CHANG	SES TO OFFIC	ERS AND	Change	AS IN 12 Addition
NAME	KONDENAR, BRIAN	<u> </u>	JCCC,C	1.2 NAME				2			LI Addition.
STREET ADDRESS	5851 HOLMBERG RD / APT 4	115		1.3 STREET	ADDRESS	37	80 NW 5	らナル くっ	-		
CITY-ST-ZIP	PARKLAND FL	113		1.4 CITY - S		60	80 NW 50 CONVT C.	ne ar		33	n72
TITLE	TARREARD I E		DELETE	2.1 TITLE	1-212		00,007 C.		<del></del>	☐ Change	☐ Addition
NAME				2.2 NAME	-			÷		Orlange	
STREET ADDRESS				2.3 STREET	ADDRESS	•		7			
								<u>*</u>			
CITY-ST-ZIP TITLE		Тг	DELETE	2. 4 CITY - S 3.1 TITLE	1-ZIP	<del> </del>		<u>*</u>	<del></del>	☐ Change	Addition
NAME				3.2 NAME				•		□ ∩ nange	☐ Addition
STREET ADDRESS				3.3 STREET	ADDDECC						
1					i						
CITY-ST-ZIP TITLE		Пг	ELETE	3.4. CITY - S 4.1 TITLE	1-219					☐ Change	Addition
NAME				4. 2 NAME						☐ Ollarige	[ ] Addition
STREET ADDRESS				4.3 STREET	ADDDECO						-
1											
CITY-ST-ZIP TITLE			ELETE	4.4 CITY-ST 5.1 TITLE	- <u>4</u> IP					Change	Addition
NAME			-cut IL	5.1 THEE						Grands	L! MUURIOR!
				l							}
STREET ADDRESS				5.3 STREET	- 1						ŀ
CITY - ST - ZIP TITLE		— Пг	ELETE	5.4 CITY - ST	- ZIP					Channe	Addition
		ں ت	/ LLL   L	6.1 TATLE	İ	1				Change	☐ Addition
NAME				6.2 NAME							
STREET ADORESS				6.3 STREET	1						
CITY-ST-ZIP				6.4 CITY - ST	-ZIP						1

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: