

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V64309 (0)

1. Corporation Name
BROWARD POOL SERVICE, INC.



Principal Place of Business

Mailing Address

4530 N HIATUS RD
SUITE #106
SUNRISE FL 33351
US

4530 N HIATUS RD
SUITE #106
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 10021 Sunset Strip
Suite, Apt. #, etc.

26 10021 Sunset Strip
Suite, Apt. #, etc.

22 City & State
Sunrise, FL

27 City & State
Sunrise, FL

23 Zip Country
33322 USA

28 Zip Country
33322 USA

24 33322 25 USA

29 33322 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1992

4. FEI Number

65-0356150

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

10. Name and Address of New Registered Agent

TRI-CITY LAW OFFICE P.A.
1080 SUNSET STRIP
SUITE A
SUNRISE FL 33313

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature, by check or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME WALTERS, TIMOTHY S
STREET ADDRESS 7465 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE VP
NAME STRINGHAM, MICHAEL
STREET ADDRESS 6480 NW 27TH ST
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE S
NAME WALTERS, STEPHEN A
STREET ADDRESS 8025 NW 27TH CT
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC
1.2 NAME WALTERS, Timothy S.
1.3 STREET ADDRESS 11081 NW 21 CT.
1.4 CITY-ST-ZIP SUNRISE, FL. 33322

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: Timothy S. Walters Pres

4/30/98 (654)572-4186

CR2E034 (10/97)