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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64309

1. Corporation Name
BROWARD POOL SERVICE, INC.

Principal Place of Business

Mailing Address

10021 SUNSET STRIP
SUITE #106
SUNRISE FL 33322
US

10021 SUNSET STRIP
SUITE #106
SUNRISE FL 33322
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10021 Sunset Strip

Suite, Apt. #, etc. Sunrise, FL.

22 City & State 33322 Broward

23 Zip Country

24 25 USA

2a. Mailing Address

26 6531 Sunset Strip

Suite, Apt. #, etc. 40 Prashed Finance

27 City & State Sunrise FL.

28 Zip Country

29 33322 30 USA

9. Name and Address of Current Registered Agent

TRI-CITY LAW OFFICE P.A.
1060 SUNSET STRIP
SUITE A
SUNRISE FL 33313

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME WALTERS, TIMOTHY S
STREET ADDRESS 11081 NW 21ST COURT
CITY-ST-ZIP SUNRISE FL 33322

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☒ Addition
1.2 NAME ROOPAINDR S. PRASHAD
1.3 STREET ADDRESS 4785 NW 95TH. DR.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33076

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Timothy Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Walters 4/30/99 (954) 572-4159
Date Daytime Phone #

CR2E034 (11/98)

0302819