

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 175601 (4)  
1. Corporation Name  
**POMPANO SURF CLUB INC**



Principal Place of Business: 1100 SOUTH OCEAN BLVD, POMPANO BEACH FL 33062  
Mailing Address: 1100 SOUTH OCEAN BLVD, POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 10/09/1953  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21-24: Suite, Apt. #, etc., City & State, Zip, Country  
25-28: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-1266763  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HUNT, ROBERT J.  
SUITE 400 WEST BUILDING  
1900 CORPORATE BLVD NW  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D VALKENAAR, BETTY H	<input checked="" type="checkbox"/>
NAME	1100 SO OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		
TITLE	V CRANES, ROBERT	<input checked="" type="checkbox"/>
NAME	1100 SOUTH OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		
TITLE	T WYNTEN, HARRY I	<input checked="" type="checkbox"/>
NAME	1100 SO OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		
TITLE	S MACCALLUM	<input type="checkbox"/>
NAME	1100 SOUTH OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		
TITLE	BD BURNETT, CHARLES B	<input type="checkbox"/>
NAME	1100 SOUTH OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		
TITLE	BP SKARBREVIK, BRITA	<input type="checkbox"/>
NAME	1100 SOUTH OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 00000	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T LAURENCE SUMMERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	1100 S. OCEAN BLVD		
1.3 STREET ADDRESS	POMPANO BEACH, FL 33062		
1.4 CITY-ST-ZIP			
2.1 TITLE	D MRS MARGARET BENEDICT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	1100 S. OCEAN BLVD		
2.3 STREET ADDRESS	POMPANO BEACH, FL 33062		
2.4 CITY-ST-ZIP			
3.1 TITLE	D VINCE RICCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	1100 S. OCEAN BLVD		
3.3 STREET ADDRESS	POMPANO BEACH, FL 33062		
3.4 CITY-ST-ZIP			
4.1 TITLE	V ROBERT E. NEIMAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	1100 S. OCEAN BLVD		
4.3 STREET ADDRESS	POMPANO BEACH, FL 33062		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert K. MacCallum Date: 4-16-96 Daytime Phone #: 941-7555  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)