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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

POMPANO SURF CLUB INC

**FILED** Mar 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							11011 B1811 01011 01011 01011 1081		
1100 SOUTH OCEAN BLVD POMPANO BEACH FL 33062		1100 South Ocean BLVD Pompano Beach FL 33062-6647 US				DO NOT WRITE IN THIS	SPACE		
						Date Incorporated or Qualified 10/09/1953			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26	26			59-1266763	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28	28			Trust Fund Contribution	Added to Fees		
Zıp	Country	Zip	<u>├</u>			8. This corporation owes or has paid the current year Intangible			
24 25 29 3				Total and the second se					
	g. Name and Address of Curr	rent Registered Agent		81		10. Name and Address of New Registered Agent			
HUNT, ROBERT J. SUITE 400 WEST BUILDING 1900 CORPORATE BLVD NW BOCA RATON FL 33431				ויש	Name				
				B2	Street Address (P.O. Box Number is Not Acceptable)				
				B3					
			1	B4	City	FI			
office or	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was a	uthorized	bν	named corpo the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered		
SIGNATURE									
SIGNATIONE	Signature, typed or printed name of registered			Agen	t signature required				
12.	12. OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	T	☐ DELETE	1.1 TITI	E	VP		Change		
	CHARLEDG LAWDENCE		1 40 1141	ar-	i Mu	HER PAY			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	T	DELETE	1.1 TITLE	VP	Change Add	ition
NAME	SUMMERS, LAWRENCE		1.2 NAME	MILLER, RAY		
STREET ADORESS	1100 S. OCEAN BLVD., C-10		1.3 STREET ADDRESS	1100 6. OCEAN BWD C-12	•	l
CITY-ST-ZIP	POMPANO BEACH, FL 00000		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 3	3062	
TITLE	D	DELETE	2.1 TITLE	O ,	Change [] Add	lition
NAME	BENEDICT, MARGARET		2.2 NAME	REILLY, WAYNE 1100 S. OCEAN BLUD D.	4	- 1
STREET ADDRESS	1100 S. OCEAN BLVD., B-12		2.3 STREET ADDRESS	1100 S. OCEAN BLUD D.	~4~	- 1
CITY-ST-ZIP	POMPANO BEACH, FL 00000		2. 4 CITY-ST-ZIP	POMPANO BEACH, FL ?	33062	
TITLE	<b>%</b> 5	DELETE	3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change . Add	lition
NAME	RIČCI, VINCE		3.2 NAME			
STREET ADDRESS	1100 S. OCEAN BLVD., E-14		3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 00000		3.4. CITY - ST - ZIP			
TITLE	P	DELETE	4.1 TITLE		Change Add	lition
NAME	WYRTZEN, HARRY W		4. 2 NAME			
STREET ADDRESS	1100 S. OCEAN BLVD., C-11		4.3 STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH, FL 00000		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Add	lition
NAME	BURNETT, CHARLES B		5.2 NAME			
STREET ADDRESS	1100 S. 9@EAN BLVD., C-6		5.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, EL 00000		5.4 CITY-ST-ZIP			
TITLE	- ··	DELETE	6.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Add	lition
NAME	NEIMAN, ROBERT		6.2 NAME			ĺ
STREET ADDRESS	1100 \$ 65EAN BLVD., D-16		6.3 STREET ADDRESS			
CITY. ST. 7IP	POMPANO BEACH: FL 00000		6.4 CITY+ST-ZIP			

14. I hereby certify that the information emplied 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 of 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 certification of 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 i Changed, or on an attachment with an address.

SIGNATURE: