

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **708414** (8)

1. Corporation Name

POMPAÑO K OF C, INC.



Principal Place of Business

Mailing Address

**2025 N.E. 49TH. STREET
6 COLUMBUS SQUARE
POMPAÑO BEACH FL 33064**

**2025 N.E. 49TH. STREET
6 COLUMBUS SQUARE
POMPAÑO BEACH FL 33064**

3. Date Incorporated or Qualified
02/02/1965

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1232973

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVARD, STAN
1980 NE 30 COURT
LIGHTHOUSE PT FL 33064**

81

Name

GENE DUC

82

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

83

84

City

FL

Zip Code

85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **HUTCHINSON, TOM**
STREET ADDRESS **8000 W SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUD FL**

1.1 TITLE **DV** ☒ Change ☐ Addition
1.2 NAME **EUGENE PELKER**
1.3 STREET ADDRESS **4052 NW 1ST PLACE**
1.4 CITY-ST-ZIP **DEERFIELD BEACH, FLORIDA 33442**

TITLE **DT** ☐ DELETE
NAME **FETCHIK, RICHARD**
STREET ADDRESS **11350 TIMBERLODGE TER**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **PD** ☒ DELETE
NAME **RIVARD, STAN**
STREET ADDRESS **1980 NE 30 CT**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

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

TITLE **TD** ☒ DELETE
NAME **TEITZ, DAVID J.**
STREET ADDRESS **751 SW 64 TERR**
CITY-ST-ZIP **N LAUDERDALE FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **V.M. COURSON**
4.3 STREET ADDRESS **1304 SE 2ND AVE**
4.4 CITY-ST-ZIP **DEERFIELD BEACH, FLORIDA 33441**

TITLE **TD** ☒ DELETE
NAME **SALISBURY, JAMES**
STREET ADDRESS **641 45TH CT.**
CITY-ST-ZIP **POMPAÑO BCH FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **ROBERT DUGDALE**
5.3 STREET ADDRESS **1353 SW 25 AVE.**
5.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **SD** ☐ DELETE
NAME **VARGO, GEORGE**
STREET ADDRESS **5731 NE 19TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

6.1 TITLE **D** ☒ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard P. Fitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-96

Date

954-928-3460

Daytime Phone #

0006227

CR2E037 (3/96)