

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 23, 1999 8:00 am  
Secretary of State

07-23-1999 90008 029 \*\*\*\*61.25

DOCUMENT # 708414 ✓

1. Corporation Name

POMPANO K OF C, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

21 2025 NE 49ST

26 2025 NE 49th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 POMPANO BEACH FL

City & State

28 POMPANO BEACH FL

Zip Country

24 33064 25 BROWARD

Zip Country

29 33064 30 BROWARD

3. Date Incorporated or Qualified

02/02/1965

4. FEI Number

59-1232973

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUX, GENE  
5130 NE TERRACE  
FT LAUDERDALE FL 33334

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 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 PELKER, EUGENE  
STREET ADDRESS 4052 NW 1ST PLACE  
CITY-ST-ZIP DEERFIELD BCH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 SD ☐ DELETE  
NAME COURSON, V.M.  
STREET ADDRESS 1304 SE 2ND AVE  
CITY-ST-ZIP DEERFIELD BCH FL

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

TITLE D ☐ DELETE  
NAME DUGDALE, ROBERT  
STREET ADDRESS 1383 SW 25 AVE  
CITY-ST-ZIP DEERFIELD BCH FL

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)