

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742209 (0)

1. Corporation Name  
**POMPANO BEACH FISHING RODEO, INC.**



Principal Place of Business: 1659 E SAMPLE RD, P.O. BOX 5584, LIGHTHOUSE POINT FL 33064  
Mailing Address: 1659 E SAMPLE RD, P.O. BOX 5584, LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified: 03/27/1978  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1807030  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CARR, PATRICIA K.  
1659 E SAMPLE ROAD  
POMPANO BCH FL 33064**

10. Name and Address of New Registered Agent  
81 Name: **CARR, PATRICIA K.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1639 E SAMPLE ROAD**  
83  
84 City: **POMPANO BEACH** FL 85 Zip Code: **33064**

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: *Vincent Carr* DATE: 4/30/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAUS, PHILLIP	
STREET ADDRESS	3961 N W 5TH ST	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOOD, JOHN	
STREET ADDRESS	1300 S.E. 13TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, JOANNE M	
STREET ADDRESS	4120 NE 22ND TERR	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARR, VINCENT	
STREET ADDRESS	4100 NE 26 AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, THOMAS W	
STREET ADDRESS	4120 NE 22ND TERR	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLTE, STEVEN	
STREET ADDRESS	2831 NE 45TH ST.	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vincent Carr* DATE: 4/30/96 DAYTIME PHONE #: 954-942-3199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)