

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33064-6279
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3. Date Incorporated or Qualified 03/27/1978	3a. Date of Last Report 05/01/1996
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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
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4. FEI Number 59-1807030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CARR, PATRICIA K.
1639 E SAMPLE ROAD
POMPANO BCH FL 33064**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 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.

SIGNATURE: *Phillip Maus* 4/30/97 954-942-4513

CR2E037 (9/96)