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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 03/27/1978	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1639 G. SAMPLE RD Suite, Apt. #, etc.	2a. Mailing Address 26 1639 G. SAMPLE RD Suite, Apt. #, etc.
22 City & State 23 POMPANO BEACH, FL	27 City & State 28 POMPANO BEACH, FL
24 Zip 33064	25 Country USA
29 Zip 33064	30 Country USA

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	85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, PHILLIP	1.2 NAME	
STREET ADDRESS	3961 N W 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, JOHN	2.2 NAME	
STREET ADDRESS	1300 S.E. 13TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, JOANNE M	3.2 NAME	JOHNSON, FRANK
STREET ADDRESS	4120 NE 22ND TERR	3.3 STREET ADDRESS	501 NE 28 ST.
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, VINCENT	4.2 NAME	CORRELL, GARY
STREET ADDRESS	4100 NE 26 AVE.	4.3 STREET ADDRESS	3417 NE 31 AVE.
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	4.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, THOMAS W	5.2 NAME	
STREET ADDRESS	4120 NE 22ND TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTE, STEVEN	6.2 NAME	
STREET ADDRESS	2831 NE 45TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	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.

SIGNATURE: Phillip Maus PHILLIP MAUS 3/31/98 964-942-3113

CF2E037 (10/97)