

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810081 (0)**

1. Corporation Name  
**THE POOLE AND KENT COMPANY**

Principal Place of Business <b>1781 NW NORTH RIVER DRIVE                  MIAMI FL 33125</b>	Mailing Address <b>1781 NW NORTH RIVER DRIVE                  MIAMI FL 33125</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/17/1954</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>52-0617984</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>CARTER, RICHARD C                  2633 BACCARAT DR.                  COOPER CITY FL 33026</b>				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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VST JUNG, R C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNG, R C	1.2 NAME	
STREET ADDRESS	12337 PANS SPRING CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLICOTT CITY MD	1.4 CITY-ST-ZIP	
TITLE	VPS STOFFREGEN, W. D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFREGEN, W. D	2.2 NAME	<b>STOFFREGEN, W.D.</b>
STREET ADDRESS	8816 GOLDENWOOD ROAD	2.3 STREET ADDRESS	<b>1431 AUTUMN LEAF ROAD</b>
CITY-ST-ZIP	VALTIMORE MD	2.4 CITY-ST-ZIP	<b>BALTIMORE MD 21286</b>
TITLE	PD THOMAS, W W <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, W W	3.2 NAME	
STREET ADDRESS	9800 SW 92ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD JORDAN, S. C. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, S. C.	4.2 NAME	<b>CEO D</b>
STREET ADDRESS	9530 S.W. 92ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D JUNG, R C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNG, R C	5.2 NAME	
STREET ADDRESS	12337 PANS SPRING CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELLICOTT CITY MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VPD CARR, P. H.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7934 S.W. TERRACE DRIVE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI FL 33189</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. David Stoffregen* **W. DAVID STOFFREGEN 2/6/98 410-247-2200**

CR2E034 (10/97)