

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90161 041 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 810081**

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

Principal Place of Business  
 1781 NW NORTH RIVER DRIVE  
 MIAMI FL 33125

Mailing Address  
 1781 NW NORTH RIVER DRIVE  
 MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/17/1954**

4. FEI Number  
**52-0617984**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**CARTER, RICHARD C**  
**2633 BACCARAT DR.**  
**COOPER CITY FL 33026**

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12337 PANS SPRING CT	1.2 NAME	
STREET ADDRESS	ELLCOTT CITY MD	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPSD STOFFREGEN, W. D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1431 AUTUMN LEAF RD	2.2 NAME	
STREET ADDRESS	BALTIMOR MD 21286	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD THOMAS, W W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9600 SW 92ND AVE	3.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CEDD JORDAN, S. C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9530 S.W. 92ND AVENUE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D JUNG, R C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12337 PANS SPRING CT	5.2 NAME	
STREET ADDRESS	ELLCOTT CITY MD	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD CARR, P.H.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7934 S.W. TERRACE DRIVE	6.2 NAME	
STREET ADDRESS	MIAMI FL 33189	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: *David Stoffregen* JIFW: DAVID STOFFREGEN 3/2/99 410-247-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)