FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B-6362-C

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

DOCUMENT # N92000001011 (7)

1. Corporation Name

POMPANO BEACH SEAFOOD FESTIVAL CORPORATION

Principal Place of Business	Mailing Address
2200 E ATLANTIC BLVD POMPANO BEACH FL 33062	2200 E ATLANTIC BLVD POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 12/24/1992

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0398663 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EMA, CHRISTOPHER J
2600 NE 14TH ST CSWY
POMPANO BEACH FL 33062

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	EMA, CHRISTOPHER J.		1.2 NAME	FURMAN, FRANK	
STREET ADDRESS	2600 N.E. 14TH STREET		1.3 STREET ADDRESS	1314 EAST ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	T	☐ DELETE	2.1 TITLE	T	☐ Change ☐ Addition
NAME	MAVS, PHIL		2.2 NAME	MAUS, PHIL	
STREET ADDRESS	P.O. BOX 5190 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DUBIS, MARK		3.2 NAME	CORRELL, GARY	
STREET ADDRESS	3927 COCOPLUM CIRCLE		3.3 STREET ADDRESS	3700 NORTH FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARR, PATRICIA		4.2 NAME		
STREET ADDRESS	1661 EAST SAMPLE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	5.1 TITLE	PT	☐ Change ☐ Addition
NAME	SIEFERT, AL		5.2 NAME	SIEFERT, AL	
STREET ADDRESS	911 S.E. 5TH AVENUE		5.3 STREET ADDRESS	2319 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: [signature] TRUSTEE 4/30/96 954-570-7785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #