

5-18-98 2:16:11-3
FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

2200 E ATLANTIC BLVD
POMPANO BEACH FL 33062

Mailing Address

2200 E ATLANTIC BLVD
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

12/24/1992

4. FEI Number

65-0398663

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 P.O. Box 50025

Suite, Apt. #, etc.

22 Lighthouse Point

City & State

23 FL

24 33074

Country

2a. Mailing Address

26 P.O. Box 50025

Suite, Apt. #, etc.

27 Lighthouse Point FL

City & State

28 FL

29 33074

Country

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

John C. Good

82 Street Address (P.O. Box Number is Not Acceptable)

83

1300 SE 13 Ave

84 City

Deerfield Beach

FL

85 Zip Code

33441

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

John C. Good

John C. Good

4/10/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME CORRELL, GARY
STREET ADDRESS PO BOX 899030 NA
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME MAUS, PHIL
STREET ADDRESS PO BOX 5190 NA
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE T
NAME FURMAN, FRANK
STREET ADDRESS 1314 W ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL

TITLE T
NAME SEITZ, CHARLES
STREET ADDRESS 125 N RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH FL

TITLE S
NAME GIORGIO, THOMAS D
STREET ADDRESS 1701 EAST ATLANTIC BLVD #5
CITY-ST-ZIP POMPANO BEACH FL

TITLE T
NAME MELCHER, GEORGE
STREET ADDRESS 121 NE 32ND STREET
CITY-ST-ZIP OAKLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 954-570-7785

0021690

CR2E037 (10/97)