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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N92000001011**

1. Corporation Name
POMPANO BEACH SEAFOOD FESTIVAL CORPORATION

Principal Place of Business	Mailing Address
P O BOX 50025 LIGHTHOUSE POINT FL 33074 US	P O BOX 50025 LIGHTHOUSE POINT FL 33074 US

2. Principal Place of Business 21 –	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/24/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0398663 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHN C GOOD
1300 SE 13TH AVE
DEERFIELD BCH FL 33441

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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CORRELL, GARY		1.2 NAME	
STREET ADDRESS	PO BOX 699030 NA		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAUS, PHIL		2.2 NAME	
STREET ADDRESS	PO BOX 5190 NA		2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2. 4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EBERT, STEVE		3.2 NAME	
STREET ADDRESS	1900 N FEDERAL HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEITZ, CHARLES		4. 2 NAME	
STREET ADDRESS	125 N RIVERSIDE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GIORGIO, THOMAS D		5.2 NAME	
STREET ADDRESS	1701 EAST ATLANTIC BLVD #5		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARR, PATRICIA		6.2 NAME	
STREET ADDRESS	1661 E SAMPLE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33064		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 954-5707785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #