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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P40067

1. Corporation Name
POMOCON LIMITED, INC.

Principal Place of Business
4175 NW 100 AVENUE
CORAL SPRINGS FL 33065

Mailing Address
4175 NW 100 AVENUE
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/17/1992

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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 12160 EAGLE TRACE BLVD. N.

2a. Mailing Address

26 12160 EAGLE TRACE BLVD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

Zip

24 33071

Country

25 USA

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

MOUSSA, ROSE M.
4175 NW 100 AVE.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name MOUSSA, ROSE M.

82 Street Address (P.O. Box Number is Not Acceptable)
12160 EAGLE TRACE BLVD. N.

83

84 City CORAL SPRINGS

FL

85 Zip Code 33071

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

ROSE M. MOUSSA, PRESIDENT

DATE 4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP DELETE
NAME MOUSSA, ROSE M.
STREET ADDRESS 4175 NW 100 AVE.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ST DELETE
NAME MOUSSA, ROSE M.
STREET ADDRESS 4175 NW 100 AVE.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCP Change Addition
1.2 NAME ROSE M. MOUSSA
1.3 STREET ADDRESS 12160 EAGLE TRACE BLVD. N.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

2.1 TITLE ST Change Addition
2.2 NAME ROSE M. MOUSSA
2.3 STREET ADDRESS 12160 EAGLE TRACE BLVD. N.
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

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

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

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

6.1 TITLE Change Addition
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/12/99

(954) 752-7253

DATE

Daytime Phone #

CR2E034 (11/98)