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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 335144 (2)
1. Corporation Name
POMPANO FIRE EQUIPMENT INC

Principal Place of Business
11 S.W. 5TH CT.
POMPANO BEACH FL 33060
US

Mailing Address
P.O. BOX 285
POMPANO BEACH FL 33061-0285



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/17/1968		06/20/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1275754		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TYSON, PAULINE T. 11 SW 5TH CT P.O. BOX 10975 POMPANO BEACH FL 33061				81 Name Patrick L. Bailey			
				82 Street Address (P.O. Box Number is Not Acceptable) 2335 E. Atlantic Blvd. #300			
				83 Pompano Beach, FL 33062			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Patrick L. Bailey* (Patrick L. Bailey)
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE				1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TYSON, PAULINE T.				1.2 NAME David J. Day			
STREET ADDRESS 11 SW 5TH CT				1.3 STREET ADDRESS 154 Fletcher Street			
CITY-ST-ZIP POMPANO BEACH FL				1.4 CITY-ST-ZIP Lowell, MA 01854			
TITLE V <input checked="" type="checkbox"/> DELETE				2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MAYS, BLANE A.				2.2 NAME Patrick L. Bailey			
STREET ADDRESS 1845 SE 6 ST.				2.3 STREET ADDRESS 2335 E. Atlantic Blvd. #300			
CITY-ST-ZIP DEERFIELD BCH. FL				2.4 CITY-ST-ZIP Pompano Beach, FL 33062			
TITLE S <input checked="" type="checkbox"/> DELETE				3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BOND, A. GORDON				3.2 NAME Michael P. O'Rourke			
STREET ADDRESS 1340 S OCEAN BLVD #201				3.3 STREET ADDRESS 154 Fletcher Street			
CITY-ST-ZIP POMPANO BEACH FL				3.4 CITY-ST-ZIP Lowell, MA 01854			
TITLE D <input checked="" type="checkbox"/> DELETE				4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BOND, A. GORDON				4.2 NAME Michael P. O'Rourke			
STREET ADDRESS 1340 S OCEAN BLVD #201				4.3 STREET ADDRESS 154 Fletcher Street			
CITY-ST-ZIP POMPANO BEACH FL				4.4 CITY-ST-ZIP Lowell, MA 01854			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *David J. Day* DAVID J. DAY 2/7/97
Signature and typed or printed name of signing officer or director Date