## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 451740

(5)

Corporation Name

THOMPSON & CO., INC.

Mailing Address

1631 S. DIXIE HWY, BLDG. A POMPANO BEACH FL 33060

Principal Place of Business

1631 S. DIXIE HWY, BLDG, A POMPANO BEACH FL 33060



					3. Date Incorporated or Qualified 06/14/1974	3a. Date of Last 02/06/	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21					59-1535828	<u> </u>	Not Applicable
-t		Suite, Apt. #, etc.	etc.		5, Certificate of Status Desired	, Certificate of Status Desired	
City 8 State City 8		City & State	y & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
7 <sub>(p)</sub>	Country	Zip	Cou	intry	8. This corporation has liability for i	intangible tax under	
25   29   9. Name and Address of Current Registered Agent			30	Florida Statutes			
	g, Name and Address of Curre	ii negisteren Agent		81 Name	10, Name and Address of New N	iedistalen wäelit	
THOMPSON, P. GERALD 1631 S. DIXIE HIGHWAY BLDG. A POMPANO BEACH FL 33060					dress (P.O. Box Number is Not Acceptable)		
				84 City		FL  85   4	ip Code
or registe familiar w	to the provisions of Sections 607.0502 ered agent, or both, in the State of Flori with, and accept the obligations of, Sec	da. Such change was autl	horized by the o	ve-named corpor corporation's boar	ation submits this statement for the pur of of directors. I hereby accept the appo	pose of changing its ointment as registere	registered office of agent. I am
SIGNATURE	Significand, type dior princed name of registered agen	and title if applicable	(NOTE Registered	Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 12
THLF	P	☐ DELETE	1 1 7	ITLE		☐ Change	☐ Addition
MAM? STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		AME TREET ADDRESS			
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	YAU, JULIANA 1631 S DIXIE HWY		2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS			onango	
NAME							
STHEET ADDRESS							
CITY - \$1 - ZIP	POMPANO BEACH, FL			ITY-ST-ZIP			
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STREET ASIDRESS			3.3 S	TREET ADDRESS			
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NAME			4.2 N	AME			
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ll'LF		[ ] DELETE	5 1 1				
NAME			. 52 N.	AME			
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O(TY - S1 - ZIP			5.4 C	TY-ST-ZIP			
IITLE		DELETE 6		ITLE	Change Addition		
NAME			6.2 N	AME			
STHEET ADDRESS				TREET ADDRESS			
CPV - ST-7IP	the cortife that the information complete	with this filing is valuatoris		does not qualify f	or the exemption stated in Section 119.	07/3Vk) Florida Stat	utes I further
certify the	at the information indicated on this ann	ual report or supplementa pration or the receiver or to	l annual report i rustee empowe	is true and accura	tte and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as	if made under

SIGNATURE: LACAL JULIana Yau, S/T Feb.23,1996 954-943-6190