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95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 510128 (2)

1. Corporation Name

POMA ALUMINUM AND STEEL FABRICATORS, INC.

Principal Place of Business

9040 BELVEDERE ROAD
WEST PALM BEACH FL 33411

Mailing Address

9040 BELVEDERE ROAD
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1976

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1748848

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**

7. This corporation has liability for intangible tax under § 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

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Suite, Apt. #, etc.

22. City & State

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2a. Mailing Address

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Suite, Apt. #, etc.

27. City & State

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9. Name and Address of Current Registered Agent

POMA, FRANK
9040 BELVEDERE ROAD
W PALM BCH, FL
33411

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 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

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

12.1

TVD
POMA, GIOACCHINO
2761 VILLAGE BLVD #9-405
W PALM BCH FL

12.2

PTD
POMA, FRANK
9040 BELVEDERE ROAD
W. PALM BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 liquidator 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 in an attachment with an address.

SIGNATURE:

Frank Poma
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
FRANK POMA

4/26/95

407-790 5799