

' FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 564950 (4)

1. Corporation Name
FISHERMAN'S WHARF OF POMPANO BEACH, INC.



Principal Place of Business 222 POMPANO BEACH BOULEVARD POMPANO BEACH FL 33062	Mailing Address 222 POMPANO BEACH BOULEVARD POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1977

21. Principal Place of Business Suite, Apt #, etc. City & State Zip	22. Suite, Apt #, etc. City & State Zip	23. City & State Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc. City & State Zip	27. Suite, Apt #, etc. City & State Zip	28. City & State Zip	29. Country	30. Country
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4. FEI Number **59-1788083** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HERMAN KUTUN
 222 POMPANO BCH BLVD.
 POMPANO BCH. FL 33062**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	KASDEN, PAUL
STREET ADDRESS	3215 KAREN DRIVE
CITY-ST-ZIP	DEL RAY BEACH FL V.P
TITLE	-S <input type="checkbox"/> DELETE
NAME	ROSENBERG, CARL
STREET ADDRESS	222 POMPANO BCH BLVD
CITY-ST-ZIP	POMPANO BCH, FL-00000- Pres.
TITLE	RD- 33062 <input checked="" type="checkbox"/> DELETE
NAME	KUTUN, HERMAN
STREET ADDRESS	222 POMPANO BCH BLVD.
CITY-ST-ZIP	POMPANO BCH. FL Deceased
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *[Handwritten Signature]* DATE **3/21/98** **926-943-1480**

CF2E034 (10/97)