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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORFORATIONS

1996

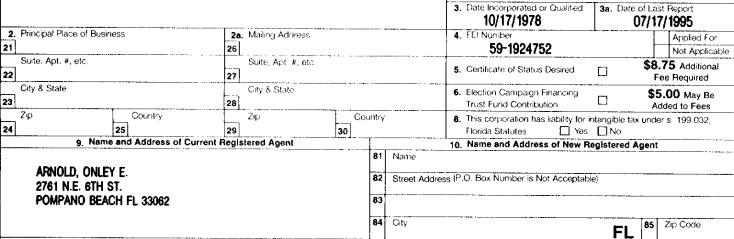
**DOCUMENT #** 

(8)

A & C OF POMPANO BEACH, INC.

Principal Place of Business Marling Address

2761 N.E. 6TH STREET POMPANO BEACH FL 33062-4928 2761 N.E. 6TH STREET POMPANO BEACH FL 33062-4928



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Styriative typed or protect care of registered agreet and sticing cooks that the Bright word Agent is gnot one may ment when recostatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1 1 TIFLE ☐ Change ☐ Add-tion ARNOLD, MAY NAME 1.2 NAME 2761 N.E. 6TH STREET STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CiTY - ST - 7iP DELETE TITLE 2 1 FILE ☐ Change ne tibbA ARNOLD, ONLEY E. NAME 2.2 NAME 2761 N.E. 6TH STREET STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 24 CITY ST ZIP DELETE TITLE 3 1 THLE ☐ Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST, ZIP DELETE TITLE 5 ! TITLE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C-TY - ST - 2 P DELFTE TITLE 6 1 TiTLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 Cilly SI - ZIF

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 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: MAY ARNOLD MA

5/29/96 954-941-2462

CR2E034 (12/95)