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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 653400

1. Corporation Name

THE POMPANO LEDGER, INCORPORATED

Principal Flace of Business	Mailing Address
2500 SE 5 COURT POMPANO BEACH FL 33062	2500 SE 5 COURT POMPANO BEACH FL 33062
Principal Place of Business	2a. Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90061 035 ***150.00



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					3.	Date Incorporated	or Qualifed					
i						ļ	01/24/1980					
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number			A	polied For	
21		26	_	_			59-1368137			N	o Applicable	
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			T.	Cortife ato of Status	Donirod		\$8.75	Additional		
27							Certifcate of Status	Desireu		Fee R	e quired	
City & State		City & State	City & State			6.	Election Campaign	Financing		\$5.00	Vlay Be	
23		28					Trust Fund Contribution Added to Fe					
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible						
24	25	29	30				Personal Property	Tax.		☐ Yes	□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registers d Agent						
POLICY MARCHAEL				81	Name							
FOLEY, KAREN M.				82 Street Address (P.O. Bo) Number is Not Acceptable)								
2500 S.E. 5TH COURT				Officer Andress (F.O. Box Maniber is Not Acceptable)								
POMPANO BEACH FL 33062				83								
										7.5		
				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 cirectors. I hereby accept the appointment as reg stered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
	m tamiliar with, and accept the obliga	IFINS OI, SECTION 607.0505, FR	UINUA SIG	illides.	•							
SIGNATURE Signature, typed or printed har ie of registered agent and title if applicable (NOT: : Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS			13.			ADDITIC NS/CHANG	SES TO OFF	FICERS /\N	D DIRECTO	OFS IN 12	
TITLE	PTD	☐ DELETE	1.1	TITLE						☐ Change	☐ Addition	
NAME	FOLEY, KAREN M		1,2	VAME								
STREET ADDRESS	2500 S.E. 5TH CT.		133	STREET	ADDRESS						Ì	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CIT									
TITLE	\$	☐ DELETE	2,1 TITLE							Change	Addition	
NAME	FOLEY, EDWARD J			2.2 NAME						_ ,	_	
STREET ADDRESS	2500 S.E. 5TH CT.			2.3 STREET ADDRESS								
	POMPANO BEACH FL 33062		М	2 4 CITY-ST-ZIP								
CITY-ST-ZIP	POMPANO DEACH PL 33002			3.1 TITLE						Change	Addition	
				NAME								
NAME												
STREET ADDRES 3					ADDRESS							
CITY-ST-ZIP		☐ DELETE		CITY-S	1- ZIP					Change	Addition	
TITLE		[T] DETCIE		TITLE	}					□ Auguge		
NAME				NAME								
STREET ADDRESS					ADDRESS						}	
CITY-ST-ZIP		[7] DELETE		CITY-ST	ZIP					Change	Addition	
TITLE		☐ DELETE		TITLE	ì					☐ Change	☐ Addition	
NAME				NAME	. D.D.D.							
STREET ADDRESS	1				ADDRESS)	
CITY-ST-ZIP				OTY-ST	- ZIP							
™LE		DELETE	1	TITLE						☐ Change	Addition	
NAME				NAME	(Į	
STREET ADDRESS		1	63	STREET	ADDRESS						İ	
CITY-ST-ZIP			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(\$)(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 far is an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that π y name appears in Block 12 or Block 13 if changed, or on an attagorient with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)