SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name POHL, INC.

(7)

FILED Jul 16 1998 8:00am Secretary of State



Mailing Address Principal Place of Business C/O JAMES H. POHL C/O JAMES H. POHL 1413 S.W. 1ST AVENUE 1413 S.W. 1ST AVENUE DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 08/01/1980 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 59-2018477 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Country Zip Country Zip 8. This corporation owes or has paid the current year intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POHL, JAMES H. 1413 S.W., 1ST AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 83 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE PD DELETE POHL, JAMES H 1.2 NAME NAME 1418 SW 1ST AVENUE 1.3 STREET ADDRESS STREET ADDRESS DEGRFIELD BCH, FL 00000 CITY-ST-ZIP 1.4 CiTY-ST-ZIP Change Addition DELETE 2.1 TITLE TIT) F NAME POHL, CAROLE M 2.2 NAME 1413 SW 1ST AVENUE 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BCH, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change 4.1 TITLE Addition TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE Addition TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE 6.1 TITLE __ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 any 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 withyan address.

CR2E034 (5/98)