

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 701443 (4)

1. Corporation Name

POMPANO PLAYERS, INC.

Principal Place of Business

P. O. BOX 2045  
POMPANO BEACH FL 33061

Mailing Address

P. O. BOX 2045  
POMPANO BEACH FL 33061



3. Date Incorporated or Qualified  
09/20/1960

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 1300 NE 6 STREET

2a. Mailing Address  
26 SAME as above

4. FEI Number  
23-7102768

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State  
POMP BCH FL

27 City & State  
POMP BCH FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip Country  
33061

28 Zip Country  
33061

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30 BROW.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANWELL, PENNY  
1505 N. RIVERSIDE DR. # 1007  
POMPANO BEACH FL 33062

81 Name  
CHRISTINE S. STEINBERG

82 Street Address (P.O. Box Number is Not Acceptable)  
1611 NE 51 STREET

83

84 City  
FT LAUD

85 Zip Code  
FL 33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **CHRISTINE S. STEINBERG (PRESIDENT)** *Christine Steinberg* 3/8/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BLOOSTEIN, GEORGE  
2003 GRANADA DR. G.  
COCONUT CREEK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D SHERMAN, BETSY  
1020 SE 2ND AVE  
POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P EDDY, JIM  
4800 BAYVIEW DR PH5  
FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V CRANE, BAYNOR  
4151 NW 41 ST.  
LAUDERDALE LAKES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T MELLEN, JACK  
PO BOX 4853 NA  
FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D DEL-ZIO, OLGA  
320 SE 9 ST.  
POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D FRED LEERS  
3424 SE 12 ST #C3  
POMP BCH FL 33062

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D DAVE STOCKTON  
1461 NE 55 STREET  
FT LAUD FL 33334

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
P CHRISTINE STEINBERG  
1611 NE 51 STREET  
FT LAUD FL 33334

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
V JOAN CRONIN  
4040 NE 18 AVE  
POMPANO FL 33064

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
T KRIS COFFELT  
2500 SE 3 STREET  
POMP. BCH FL 33062

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D BETSY MARTIN  
3220 SE 12 STREET  
POMP BCH FL 33062

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Steinberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (954)  
776-5804  
Daytime Phone

CR2E037 (12/95)