

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, 22 Suite, Apt. #, etc., 23 POMP BCH FL, 24 Zip 33061
2a. Mailing Address: 26 SAME as above, 27 PO BOX 2045, 28 POMP BCH FL, 29 33061, 30 BROW.

4. FEI Number: 23-7102768
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MANWELL, PENNY
1505 N. RIVERSIDE DR. # 1007
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: CHRISTINE S. STEINBERG
82 Street Address (P.O. Box Number is Not Acceptable): 1611 NE 51 STREET
83
84 City: FT LAUD, FL, 85 Zip Code: 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOSTEIN, GEORGE	1.2 NAME	FRED LEERS
STREET ADDRESS	2003 GRANADA DR. G.	1.3 STREET ADDRESS	3424 SE 12 ST #C3
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	POMP BCH FL 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, BETSY	2.2 NAME	DAVE STOCKTON
STREET ADDRESS	1020 SE 2ND AVE	2.3 STREET ADDRESS	1461 NE 55 STREET
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	FT LAUD FL 33334
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, JIM	3.2 NAME	CHRISTINE STEINBERG
STREET ADDRESS	4800 BAYVIEW DR PH5	3.3 STREET ADDRESS	1611 NE 51 STREET
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUD FL 33334
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, BAYNOR	4.2 NAME	JOAN CRONIN
STREET ADDRESS	4151 NW 41 ST.	4.3 STREET ADDRESS	4040 NE 18 AVE
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	POMPANO FL 33064
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLEN, JACK	5.2 NAME	KRIS COFFELT
STREET ADDRESS	PO BOX 4853 NA	5.3 STREET ADDRESS	2500 SE 3 STREET
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	POMP. BCH FL 33062
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL-ZIO, OLGA	6.2 NAME	BETSY MARTIN
STREET ADDRESS	320 SE 9 ST.	6.3 STREET ADDRESS	3220 SE 12 STREET
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	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* 3/8/96 (954) 776-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)