


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701443 (4)**  
1. Corporation Name  
**POMPANO PLAYERS, INC.**

Principal Place of Business <b>1900 NE 6TH ST POMPANO BEACH FL 33061 US</b>	Mailing Address <b>PO BOX 2045 POMPANO BEACH FL 33061-2045 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1960</b>	3a. Date of Last Report <b>03/26/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>23-7102768</b>	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>STEINBERG, CHRISTINE S. 1611 NE 51ST ST FT LAUDERDALE FL 33334</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LEERS, FRED</b>	1.2 NAME	<b>Same</b>
STREET ADDRESS	<b>3424 SE 12TH ST, SUITE C3</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D STOCKTON, DAVE</b>	2.2 NAME	<b>Same</b>
STREET ADDRESS	<b>1461 NE 55 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P STEINBERG, CHRISTINE</b>	3.2 NAME	<b>Same</b>
STREET ADDRESS	<b>1611 NE 51ST ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V CRONIN, JOAN</b>	4.2 NAME	<b>VICE PRESIDENT MITCH NOWAK 3951 NE 17 AVE POMPANO FL 33064</b>
STREET ADDRESS	<b>4040 NE 18TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T COFFELT, KRIS</b>	5.2 NAME	<b>Same</b>
STREET ADDRESS	<b>2500 SE 3RD ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MARTIN, BETSY</b>	6.2 NAME	<b>SECRETARY ANN STOCKTON 1461 NE 55 STREET FT LAUD FL 33308</b>
STREET ADDRESS	<b>3220 SE 12TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)