


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 1300 NE 6TH ST POMPANO BEACH FL 33061 US			Mailing Address PO BOX 2045 POMPANO BEACH FL 33061 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1960	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7102768	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STEINBERG, CHRISTINE S. 1611 NE 51ST ST FT LAUDERDALE FL 33334				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name FRED A. LEERS 82 Street Address (P.O. Box Number is Not Acceptable) 3424 S.E. 12 STREET # C3 83 84 City POMPANO BCH FL 85 Zip Code 33062				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME LEERS, FRED					
1.3 STREET ADDRESS 3424 SE 12TH ST, SUITE C3					
1.4 CITY-ST-ZIP POMPANO BCH FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME STOCKTON, DAVE					
2.3 STREET ADDRESS 1461 NE 55 ST					
2.4 CITY-ST-ZIP FT LAUDERDALE FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME STEINBERG, CHRISTINE					
3.3 STREET ADDRESS 1611 NE 51ST ST					
3.4 CITY-ST-ZIP FT LAUDERDALE FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME NOWAK, MITCH					
4.3 STREET ADDRESS 3951 NE 17 AVE					
4.4 CITY-ST-ZIP POMPANO FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME COFFELT, KRIS					
5.3 STREET ADDRESS 2500 SE 3RD ST					
5.4 CITY-ST-ZIP POMPANO BCH FL					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME STOCKTON, ANN					
6.3 STREET ADDRESS 1461 NE 55 ST					
6.4 CITY-ST-ZIP FT LAUD FL					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME PRESIDENT/DIRECTOR					
1.3 STREET ADDRESS LEERS, FRED					
1.4 CITY-ST-ZIP 3424 SE 12 ST. # C3					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP POMPANO BCH FL 33062					
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME RECORDING SECRETARY					
3.3 STREET ADDRESS BARBARA POMERICO					
3.4 CITY-ST-ZIP 2174 NE 55 COURT					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP FT LAUD FL 33308					
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME TREASURER					
5.3 STREET ADDRESS PETERSON, CATHERINE					
5.4 CITY-ST-ZIP 2743 NE 15 STREET					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP POMP BCH FL 33062					
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 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: <i>[Signature]</i> FRED A. LEERS 1/8/98 (954) 946-4646					

CR2E037 (10/97)