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**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
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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
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3. Date Incorporated or Qualified 09/20/1960	
4. FEI Number 23-7102768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**STEINBERG, CHRISTINE S.
1611 NE 51ST ST
FT LAUDERDALE FL 33334**

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. City **POMPANO BCH FL**

84. Zip Code **33062**

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	
TITLE	<input type="checkbox"/> DELETE
NAME	D LEERS, FRED
STREET ADDRESS	3424 SE 12TH ST, SUITE C3
CITY-ST-ZIP	POMPANO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D STOCKTON, DAVE
STREET ADDRESS	1461 NE 55 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	P STEINBERG, CHRISTINE
STREET ADDRESS	1611 NE 51ST ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP NOWAK, MITCH
STREET ADDRESS	3951 NE 17 AVE
CITY-ST-ZIP	POMPANO FL
TITLE	<input type="checkbox"/> DELETE
NAME	T COFFELT, KRIS
STREET ADDRESS	2500 SE 3RD ST
CITY-ST-ZIP	POMPANO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	S STOCKTON, ANN
STREET ADDRESS	1461 NE 55 ST
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 LEERS, FRED
1.3 STREET ADDRESS	3424 SE 12 ST. # C3
1.4 CITY-ST-ZIP	POMPANO BCH FL 33062
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RECORDING SECRETARY BARBARA POMERICO
3.3 STREET ADDRESS	2174 NE 55 COURT
3.4 CITY-ST-ZIP	FT LAUD FL 33308
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER PETERSON, CATHERINE
5.3 STREET ADDRESS	2743 NE 15 STREET
5.4 CITY-ST-ZIP	POMP BCH FL 33062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Fred A. Leers* **REQUIRE** **FRED A. LEERS 1/8/98** **(954) 946-4146**

CR2E037 (10/97)