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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701443

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
 21 **1611 NE 51 STREET**

2a. Mailing Address

3. Date Incorporated or Qualified
09/20/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
23-7102768

Applied For
 Not Applicable

23 City & State
FT LAUD FL

27 City & State

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

24 Zip **33334** 25 Country **BROWARD**

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEERS, FRED A
3424 SE 12TH STREET, C3
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 DELETE
 NAME **PD LEERS, FRED**
 STREET ADDRESS **3424 SE 12TH ST, SUITE C3**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME ~~**STOCKTON, DAVE**~~
 STREET ADDRESS ~~**4481 NE 55 ST**~~
 CITY-ST-ZIP ~~**FT LAUDERDALE FL**~~

2.1 TITLE Change Addition
 2.2 NAME **D CHRISTINE S. STEINBERG**
 2.3 STREET ADDRESS **1611 NE 51 STREET**
 2.4 CITY-ST-ZIP **FT LAUD FL 33334**

TITLE DELETE
 NAME **S POMERICO, BARBRA**
 STREET ADDRESS **2174 NE 55TH CT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VP NOWAK, MITCH**
 STREET ADDRESS **3951 NE 17 AVE**
 CITY-ST-ZIP **POMPANO FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T PETERSON, CATHERINE**
 STREET ADDRESS **2743 NE 15TH ST**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S STOCKTON, ANN**
 STREET ADDRESS **1461 NE 55 ST**
 CITY-ST-ZIP **FT LAUD FL**

6.1 TITLE Change Addition
 6.2 NAME **S PHYLLIS JOHNSON**
 6.3 STREET ADDRESS **3333 NE 34 ST #1412**
 6.4 CITY-ST-ZIP **FT LAUD FL 33308**

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, with all other like empowered.

SIGNATURE: Fred A. Leers SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 3/17/99 DATE
 TELEPHONE: (954) 782-7727 TELEPHONE #

CR2E037 (11/98)