

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90005 050 \*\*\*\*61.25

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

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/20/1960

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number  
23-7102768

Applied For  
Not Applicable

23 City & State

FT LAUD FL

28 City & State

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip

33334

25 Country

BROWARD

29 Zip

29 Zip

30 Country

30 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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☒ DELETE

D  
NAME ~~STOCKTON, DAVE~~  
STREET ADDRESS 4401 NE 33 ST  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE ☐ Change ☒ Addition

D  
CHRISTINE S. STEINBERG  
1611 NE 51 STREET  
FT LAUD FL 33334

TITLE ☐ DELETE

S  
NAME 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

VP  
NAME 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

T  
NAME 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

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

6.1 TITLE ☐ Change ☒ Addition

S  
PHYLLIS JOHNSON  
3333 NE 34 ST #1412  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRED A. LEERS, PRES 3/17/99 (954) 782-7727

CR2E037 (11/98)