FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate ↓
DIVISION OF CORPORATIONS

1998
DOCUMENT #

707072

(5)

POMPANO LODGE INC

FILED						
May 28 1998 8:00am						
Secretary of State						

	_					
Principal Place of Business Mailing Address			4 186111 186111 186111 18811 18811 18811 18811 18811 18811 18811 18811 18811 18811 18811 18811 18811 18811 188	icult Sinte minte ninet ature enne		
800 PINE DRIVE POMPANO BEACH FL 33060		800 PINE DRIVE POMPANO BEACH FL 33060		3. Date Incorporated or Qualified 03/30/1964	1	
•				4. FEI Number	Applied For	
				59-1088433	Not Applicable	
2. Principal Place of Business		28. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		26			Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeown		
23		28		Yes No		
Zip	Country	Z _I p	Country	8. This corporation owes or has paid the o		
24	25		60]		Yes No	
	9. Name and Address of Current	Registered Agent	04 None	10. Name and Address of New Registere	d Agent	
81 Name Crecking C. Berry						
	MILDRED		82 Street A	doress (P.O. Box Number is No Acceptable)	[
	E DRIVE., #1		83 (SOU FINE DU #1		
POMPAN	NO BEACH FL 33060		1	Empana Boach		
			84 City	33 <i>06</i> 0 F	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named c	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered	
office or r	egiclered access or both, in the State in familiar with and accept the obliga	of Florida. Suich change was au itions of, Section 617.0503, Flori	ithorized by the corpo ida Statutes.	oration's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	Mun	kls98		Gense Cla	en KES	
	STORY NOTES AND STATE OF THE REAL	Thur of Happingole (NOTE	Registered Agent signature re		ND DISCOTODO IN 12	
	,	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	SD	Mill	1.1 TITLE 1.2 NAME	RESIDENT C. BERRY	Ja Silongo Za risalissii	
NAME ATRICT ADDRESS	QUINN, LILLIAN 800 PINE DR APT 17		1.3 STREET ADDRESS	GEORGE C. BERRY		
STREET ADDRESS CITY-ST-ZIP	POMPANO BCH, FL 00000		1.4 CHY-SI-ZIP	Pampano BERCH F	L 33060	
TITUE	VID	DELETE	2.1 TITLE	Vice Presiden / Sec.	Change Addition	
NAME	PERRY, MILDRED	•	2.2 NAME	Milara E. Kerry		
STREET ADDRESS	800 PINE DR APT 2	,	2.3 STREET ADDRESS	BOO PINE DI. #1	<u> </u>	
CITY-ST-ZIP	POMPANO BCH, FL 00000		2.4 CITY-ST-ZIP	Dempana Roach	rr 33060	
TITLE	D	DELETE	3.1 TITLE	Andre Latointe	Change Addition	
NAME	BEAUMONT, JEAN		3.2 NAME	TROUSURER-		
STREET ADDRESS	800 PINE DRIVE., #16	_	3.3 STREET ADDRESS	-300	12 22NN	
CITY-ST-ZIP TITLE	POMPANO BEACH FL	DELETE	3.4. CITY-S1-ZIP 4.1 TITLE	Dampana Seach	Change Addition	
NAME	TONGE, HAROLD	2 42	4. 2 NAME	Sohn Claude Cou	RSCHENE	
STREET ADORESS	800 PINE DR APT. #7		4.3 STREET ADDRESS	OC,	· ·	
CITY-ST-ZIP	POMPANO BCH, FL 00000	. /	4.4 CITY - ST - ZIP	Pompano Beach	J=C 33060	
TITLE	D	DELETE	5.1 TITLE	Diroctors	Change Addition	
NAME	LANGLOIS, THERESA	•	5.2 NAME	1 Hickory (Durker)		
STREET ADDRESS	800 PINE DR APT. #14		5.3 STREET ADDRESS	800 Pine De #17	F 32/1 λ	
CITY-ST-ZIP	POMPANO BCH, FL 00000	17/200	5.4 CITY-ST-ZIP	1000 parc Colice	Change Addition	
TITLE	PD	DELETE	6.1 TITLE	Diroctor 1	∐ Change	
NAME	HAUS, SIEGMUND H.		62 NAME	Sab Pine IL #16		
STREET ADDRESS	800 PINE DR APT. #9		6 3 STREET ADDRESS	Rooming	F. 33060	
14. Lhereby	POMPANO BEACH FL certify that the information supplied wi	th this filing does not qualify for	64 City-S1-ZiP the exemption stated	Lin Conting #10 07/2V() Florida Statutor I further	certify that the information	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section #19.07(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 upder dath; that I am an officer or director of the corporation or the receiver or trusted employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changou, or on an attachment with an address.						
SIGNATURE: MILIAKEN E PERKY, SEC. MILIAKEN E						