FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 732652

1. Corporation Name

US

POMPANO BEACH VETERANS MEMORIAL HOME, INC.

Principal Place of Business								
198 FARNHAM I								
DEEREIELD REACH EL 33442-262	H							

2. Principal Place of Business

Suite, Apt. #, etc.

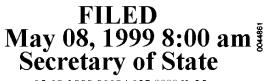
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

198 FARNHAM I

DEERFIELD BEACH FL 33442-2628



05-08-1999 90084 037 ****61.25

		}

3. Date Incorporated or Qualifed

05/02/1975

FEI Number

22	, 5.5.	27	, - ,					59-2110263			Not	Applicable
City & State			City & State				<u> </u>				\$8.75 A	dditional
23		28					3.	 Certificate of Status Desir 	ea		Fee Re	beniup
Zip	Country	Z	Zip	Countr	у		6	· Election Campaign Finan	cing		\$5.00	Мау Ве
24	25	29	36	0				Trust Fund Contribution		<u> </u>	Added to	Fees
	9. Name and Address of Current	Registe	red Agent		10. Name and Address of New Registered Agent							
				81	1	Name						
ESTNER, ROBERT					2	Street Adv	ddress (P.O. Box Number is Not Ac	cepta	ble)		
198 FARNHAM I DEERFIELD BEACH FL 33442					7							
				83	3							
				84	4	City					85 Zip C	
						•				FL	- `` .'	
11. Pursuant	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											
office or n	egistered agent, or both, in the State of m familiar with⊬and accept the obligatio	i Florida ons∡of. S	, Such change was autr Section 617.0503, Florid	norized by la Statute	ytr S.	ne corpora	ation s t	ioard of directors. I neleby	accep	H LINE appo	mumericas reg	JISTOTOG
	agent. I am familiar with and ascept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature prod or printed name of registered agent	and title if a	pplicable. (NOTE: Ri		ent :	signature requi	uired when			DATE		
12.	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES T	O OFF	-ICERS A		
TITLE	PD		☐ DELETE	1.1 TITLE							Change	☐ Addition
NAME	estner, robert			1.2 NAME								l
STREET ADDRESS	198 FARNHAM I			1.3 STREE	ETA	ADDRESS						
CITY-ST-ZIP	DEERFIELD BEACH FL		<u> </u>	1.4 CITY-	ST-	ZIP						
TITLE	TDS		☐ DELETE	2.1 TITLE							Change	Addition
NAME	EAGER, LOUIS			2.2 NAME	•	Ì						
STREET ADDRESS	348 DURHAM K			2.3 STREE	ET A	AODRESS						
CITY+ST-Z#P	DEERFIELD BEACH FL			2. 4 CTY-	-ST	-ZIP						
TITLE	VD		☐ DELETE	3.1 TITLE							Change	☐ Addition
NAME	RANKIN, SAM			3.2 NAME	Ē							
STREET ADDRESS	ISLEWOOD D1011			3.3 STREE	ET/	ADDRESS						
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4. CITY-	-ST	-ZIP						
ΠΠΕ			☐ DELETE	4.1 TITLE							☐ Change	☐ Addition
NAME				4. 2 NAME	E	-						
STREET ADORESS				4.3 STREE	ET A	NODRESS						
CITY-ST-ZIP				4.4 CITY-	ST-	ZIP	_					
TITLE			☐ DELETE	5.1 TITLE							☐ Change	Addition
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREE	ET/	ADDRESS						
CITY+ST-ZIP				5.4 CITY-		ZIP						<u> </u>
TITLE			☐ DELETE	6.1 TITLE							Change	Addition
NAME	, .			6.2 NAME								
STREET ADDRESS						ADDRESS)						į
CITY OT 710				6.4 CITY-	ST-	ZIP 1						

14. Thereby 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:

4-30-99 954 480 6810

Applied For