


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90138 011 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 742209</b>					
1. Corporation Name <b>POMPANO BEACH FISHING RODEO, INC.</b>					
Principal Place of Business 1639 G SAMPLE RD POMPANO BEACH FL 33064 US			Mailing Address 1639 E SAMPLE RD POMPANO BEACH FL 33064 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/27/1978 4. FEI Number 59-1807030 Applied For 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	
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9. Name and Address of Current Registered Agent CARR, PATRICIA K. 1639 E SAMPLE ROAD POMPANO BCH FL 33064				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAUS, PHILLIP			1.2 NAME			
STREET ADDRESS	3961 N W 5TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 00000			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOOD, JOHN			2.2 NAME			
STREET ADDRESS	1300 S.E. 13TH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, FRANK			3.2 NAME			
STREET ADDRESS	501 NE 28 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CORRELL, GARY			4.2 NAME			
STREET ADDRESS	3417 NE 31 AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HALL, THOMAS W			5.2 NAME			
STREET ADDRESS	4120 NE 22ND TERR			5.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLTE, STEVEN			6.2 NAME			
STREET ADDRESS	2831 NE 45TH ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000			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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)