FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR -6 AM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764072** **(5)**

1. Corporation Name
POP SPRUNG CAMP FUND, INC.

Principal Place of Business	Mailing Address
1328 SE 2ND TERRACE DEERFIELD BEACH FL 33441	1328 SE 2ND TERRACE DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1982
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2219530 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REISSMAN, ALLEN
3341 N.W. 47TH TERRACE
BLDG. 1, APT. 106
LAUDERDALE LAKES FL 33319

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Allen Reissman — ALLEN REISSMAN — 4/3/95
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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	KAMPEL, SARA	1.2 NAME		
STREET ADDRESS	6845 MOONLIT DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	REISSMAN, ALLEN	2.2 NAME		
STREET ADDRESS	3341 N.W. 47TH TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	NASSBERG, THELMA	3.2 NAME		
STREET ADDRESS	10795 WHITE ASPEN LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 0	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINBERG, PAUL	4.2 NAME		
STREET ADDRESS	1328 SE 2ND TERRACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REISSMAN, THELMA	5.2 NAME		
STREET ADDRESS	3341 N.W. 47TH TERRACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KORMAN, MILTON	6.2 NAME		
STREET ADDRESS	404 NW 68TH AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul Weinberg — PAUL WEINBERG — 4/3/95 — 305-429-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000020