

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90030 016 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843802

1. Corporation Name
N.V. POMEROY CORPORATION



Principal Place of Business C/O JDB 201 S. BISCAYNE BLVD. # 1600 MIAMI FL 33131 US	Mailing Address C/O JDB 201 S. BISCAYNE BLVD. # 1600 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 07/27/1979	Applied For Not Applicable
4. FEI Number 59-1931082	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOFFER, DIANE L
8320 SW 62ND PLACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name **JOSEPH HAWLIK**

82 Street Address (P.O. Box Number is Not Acceptable)
~~600~~ **SILVER BLUFF PROPERTY MGMT CORP.**

83 **4750 SW 82ND ST**

84 City **MIAMI** FL 85 Zip Code **33143**

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: *Joseph Hawlik* DATE: **3/19/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFER, HAROLD	
STREET ADDRESS	HOFFER & SONS W. BAY ST.	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMACO, N V	
STREET ADDRESS	SCHOTTEGATWEG-OOST	
CITY-ST-ZIP	CURACAO, NETHERLANDS	
TITLE	SAT	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, DIANE L	
STREET ADDRESS	8320 S.W. 62ND PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, AILEEN	
STREET ADDRESS	5753 S.W. 83RD. ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: *Joseph Hawlik* **REQUIRED** DATE: **3/19/99** DAYTIME PHONE #: **(305) 661-0695**

CR2E034 (1/98)