SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F24474** **(1)**

1. Corporation Name
POMPANO - DADE HOLDING COMPANY

Principal Place of Business	Mailing Address
3033 NW NORTH RIVER DR MIAMI FL 33142	3033 NW NORTH RIVER DR MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1981	05/01/1994

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

4. FEI Number **59-2196935** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMICK, ARTHUR F 7500 RED ROAD, STE 203 SOUTH MIAMI FL 33143	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	1.1 TITLE	S/T	☒ Change ☐ Addition
NAME	ROMAN, BETTY I	1.2 NAME		
STREET ADDRESS	1740 NW 60 AVE #14	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	P	☒ Change ☐ Addition
NAME	MCGOVERN, HARRY E	2.2 NAME	Harold E. Lewis	
STREET ADDRESS	10903 S.W. 78TH AVENUE	2.3 STREET ADDRESS	12035 N.E. 5 Avenue	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Biscayne Park, Fl 33161-6261	
TITLE	SD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MCGOVERN, SALLY M.	3.2 NAME	Juanita Lewis	
STREET ADDRESS	10903 S.W. 78TH AVE.	3.3 STREET ADDRESS	12035 N.E. 5 Avenue	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Biscayne Park, Fl 33161-6261	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(k), 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.

SIGNATURE: Harold E. Lewis Harold E. Lewis 305-635-8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000649 CP