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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90081 044 ***150.00

DOCUMENT # F90014

1. Corporation Name

POMPY'S TYPSETTING, INC.

Principal Place of Business % PAUL M. POMPLIANO 120 SW 70TH AVENUE PEMBROKE PINES FL 33023 Mailing Address % Paul M. Pompliano 120 SW 70TH AVENUE PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 07/09/1982		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2204061	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	Required
City & Stat	ie .	City & State		•	6. Election Campaign Financing	\$5.00) May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta-	ngible	
24	25	29	30			Yes	□No
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered A	gent	
501	ID: 1110 0 011 11		81	Name	•		
POMPLIANO, PAUL M			82	Street Address (P.O. Box Number is Not Acceptable)			
	2 S.W. 50 ST.		01	Silved Address (F.O. DOX Mulliber is Not Acceptable)			
COOPER CITY FL 33328				83			
					- M (M) (**	1.11 -	<u> </u>
			84	City	FL	85 Zip	Code
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ID DIRECTORS	TE: Registered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
12		**		nt signature require		DIRECT	ODE IN 12
TITLE	DPT	☐ DELETÉ	1.1 TITLE			Change	☐ Addition
NAME	POMPLIANO, PAUL M	_	1.2 NAME	[
STREET ADDRESS	0000 0 W FO OT			T ADDRESS			
CITY-ST-ZIP	COOPER CITY FL		1.4 CiTY-S				
TITLE	DS	☐ DELETE	2.1 TITLE	1-217		Change	Addition
NAME	POMPLIANO, GERALDINE		2.2 NAME				
STREET ADDRESS	0000 0 W 50 OT			T ADDRESS	•		
	COOPER CITY FL		1	l	•		
CITY-ST-ZIP	JOG: EN OHT TE	☐ DELETE	2.4 CITY-1	11-2P		Change	☐ Addition
NAME			3.2 NAME		• • • • • • • • • • • • • • • • • • •		
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4 CITY-5				
TITLE		☐ DELETE	4.1 TITLE	11-41	and the state of t	Change	Addition
NAME			4.2 NAME		·		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-211		[] Change	Addition
NAME			5.1 HILE 5.2 NAME				i'''I vodinoi
NAME			3.2 IV/WIE	- 1			

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 Seriver 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 or appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the Seriver or trustee empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 954-912-3394

☐ Change

☐ Addition

CR2E034 (11/98