## 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** 

## DOCUMENT # F98000006624

1. Corporation Name

STEPHEN	N C. POMEROY, INC.									
Principal Plac	e of Business	Mailing Address				T IEBNIER IIIN IRIDI ISINI BRIN BRIN DEIN D	<b>    </b>	10 01110 01110 111	DIT RINK INNS	
9131 SW 13TH DRIVE		3131 SW 13TH DRIVE								
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442			L 33442			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						12/04/1998				
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number		<del></del>	olied For	
21		26			76-0586370			Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red			
22 City & State		City & State			6. Election Campaign Financing		\$5.00	<u> </u>	-	
23	ic	28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ıntry	-	8. This corporation owes the current	t year Inta	ngible		
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent		ļ.,		10. Name and Address of New Re	jistered /	gent		
0.7	CORROBATION CVCTEM			81	Name					
	CORPORATION SYSTEM			82	Street Add	ress (P.O. Box Number is Not Acceptable	9)			
	South Pine Island Road Itation FL 33324									
PLAN	MATION PL 33324			83						
				84	City		FL	85 Zip C	ode	
44 . D	to the annual and Continue 607 0502	, and 607 1609 Florida	Statutes the s	hove	a-named corr	poration submits this statement for the pu		hanging its	registered	
office or	registered agent, or both, in the State o	of Florida. Such change	was authorize	d by	the corporati	poration submits this statement for the puon's board of directors. I hereby accept	he appoin	tment as reg	jistered	
agent. I a	am tamıllar with, and accept the obligati	ons of, Section 607.050	15, Fionda Stat	utes	i-					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agen	nt signature require	ed when reinstating)	DATE			;
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO		Š
TITLE	C	☐ DELE	TE 1.1 T	TLE	_			☐ Change	Addition	3
NAME	LUKE, DONALD L		1.2 N	AME						Š
STREET ADDRESS	8 GREENWAY PLAZA SUITE 150	0	1.3 S	TREET	T ADDRESS					į
CITY-ST-ZIP	HOUSTON TX 77046			TY-S	T-ZIP					Ì
TITLE	VC	DELE	TE 2.1 T	ΠLE				☐ Change	Addition	`
NAME	HOADI, ALI NED II OII		AME					İ		
STREET ADDRESS	8 GREENWAY PLAZA SUITE 1500		2.3 5	2.3 STREET ADDRESS		-			1	
CITY-ST-ZIP	HOUSTON TX 77046			2.4 CITY-ST-ZIP				☐ Change	Addition	
TITLE	P ATTENDED OF	☐ DELI							[	
NAME	POMEROY, STEPHEN C		3.2 N							
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	DELI			ST-ZIP		•	Change	Addition	
TITLE	AS AND I AVAILED	, DET						الما مراها		
NAMÉ	ALBERT, LAYNE J	<b>.</b>		VAME						
	8   8 GREENWAY PLAZA SUITE 150	NU .	4.3 5	· KEE	TADDRESS					
CITY-ST-ZIP	DOLICTON TV 77046	-	446		I					
TITLE NAME	HOUSTON TX 77046			:TY-S	T-ZIP			Change	Addition	
NAME:	٧	☐ DELI	ETE 5.1 T	_	T-ZIP			Change	☐ Addition	
	V DIGENNARO, MATTHEW A		ETE 5.1 T	ITLE IAME	T ADDRESS			Change	Addition	
STREET ADDRESS	V DIGENNARO, MATTHEW A 3131 SW 13TH DRIVE		5.1 T 5.2 N 5.3 S	ITLE IAME	TADORESS			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	V DIGENNARO, MATTHEW A	□ DEL(	5.1 T 5.2 M 5.3 S 5.4 C	ITLE IAME TREE	TADORESS			☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP TITLE	V DIGENNARO, MATTHEW A 3131 SW 13TH DRIVE DEERFIELD BEACH FL 33442 V		5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	ITLE IAME TREE	TADORESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME	V DIGENNARO, MATTHEW A 3131 SW 13TH DRIVE DEERFIELD BEACH FL 33442 V BRYANT, RANDOLPH W		51 T 52 N 53 S 54 C ETE 6.1 T 62 N	ITLE IAME TREE CITY-S ITLE IAME	TADORESS	-				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	V DIGENNARO, MATTHEW A 3131 SW 13TH DRIVE DEERFIELD BEACH FL 33442 V		51T 52N 53S 54C ETE 61T 62N 63S	ITLE IAME TREE ITLE IAME	T ADORESS IT-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 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 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 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, I further certify that the information indicated on 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.

SIGNATURE:

CITY-ST-ZIP

HOUSTON TX 77046

Date

Daytime Phone #

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90012 023 \*\*\*158.75