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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # G57923 Corporation Name

POMA CORPORATION

Mailing Address

BELVEDERE RD.

incipal Place of Business

9040 BELVEDERE RD.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90111 033 ***150.00



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| | | | | | 3. Date incorporated of | or Qualifed | | | |
| | | | | | 09/01/1983 | | | | |
| Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | oplied For | |
| | | 26 | | | 59-2328497 | · · · · · · · · · · · · · · · · · · · | | lot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certifcate of Status | Desired | 4 | Additional Required | | |
| Citý & Státe | | City & State | | | 6. Election Campaign | Financing | \$5:00 | May Be | |
| , | | 28 | | | Trust Fund Contribu | ution U | Added | to Fees | |
| Zip | Country | Zip | Coun | try | 8. This corporation ow | ves the current year | | | |
| 4 | 25 | 29 | 30 | | Personal Property | Tax. | X∐AYes | □No | |
| · | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Addres | s of New Registere | ed Agent | | |
| • | | | | Name C | T CORPORATION SY | CATEM TNC | | } | |
| - POMA, FRANK | | | - h | | | | | | |
| 9040 | Belvedere RD. | |]` | 120 | O SOUTH PINE ISL | ress (P.O. Box Number is Not Acceptable) SOUTH PINE ISLAND ROAD | | | |
| WES | T PALM BEACH FL 33411 | | Ī | 33 | | | | 1 | |
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| | | | [' | City | PLANTATION | F | EL 85 35 | 3324 | |
| Pursuant f | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statutes | s, the ab | ove-named | corporation submits this staten | nent for the purpose | of changing it | s registered | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was au | thorized | by the com | TRANA board of directors. I he | ereby accept the app | pointment as | egistered | |
| agent. I an | to the provisions of Sections 607,050 egistered agent, or both, in the State of familian with, and accept the obligation of the colligation of the collins | tions of Serian SU7.050 Flori | da Statul | SPECIAL A | ASSISTANT SECRETARY | · 4 | 19-99 | | |
| GNATURE | | | | | | *_ * | 1101 | } | |
| CHALLOUS . | | Lord bills if angleship (NOTE: E | Peointered A | annt signature o | equired when reinstation) | DATE | | | |
| | Signature, typed or printed name of registered age | | | gent signature n | equired when reinstating) ADDITIONS/CHANG | | AND DIRECT | ORS IN 12 | |
| <u> </u> | OFFICERS AN | nt and title if applicable. (NOTE: F | 13. | | ADDITIONS/CHANG | | AND DIRECT | | |
| LE | OFFICERS AN | ID DIRECTORS | 13. | E | ADDITIONS/CHANG | SES TO OFFICERS | | | |
| LE ME | VP POMA, FRANK | ID DIRECTORS | 13. 1.1 TTL 1.2 NAA | E IE | ADDITIONS/CHANG CID PATRICK WHELAN 1031 17th Stree | et, #5 | | | |
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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:

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