FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:22

DOCUMENT # **G71442** **(9)**

1. Corporation Name
POMPANO FIN & CLAW, INC.

Principal Place of Business
% SCHULTZ ERHARD, FRITZ
2700 NE 4TH ST.
POMPANO BEACH FL 33062

Mailing Address
% SCHULTZ ERHARD, FRITZ
2700 NE 4TH ST.
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/22/1983**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2350232** — 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. Does corporation owe liability for intangible tax under § 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
HARDIN, DAVID C.
800 SE 3RD AVE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
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: (Signature of person named as Registered Agent and the date signed) (Name of Registered Agent or Registered Agent's signature and date signed)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHLAGER, WILLIBALD H
STREET ADDRESS	2819 N E 12TH ST
CITY ST ZIP	POMPANO BCH, FL 00000
TITLE	STD
NAME	SCHULZ, ERHARD FRITZ
STREET ADDRESS	2900 BAYNAN ST
CITY ST ZIP	FT LAUD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(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 trustee 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 any such title.

SIGNATURE: ERHARD SCHULZ — 1-10-95 — 305-785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104207 CP