## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

G71442

(9)

POMPANO FIN & CLAW, INC.

APPROVED AND
CVA
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96 JAN 24 PH 4: 27

SECHETARY OF STATE TALLAHASSEE, FLORIDA

## SCHULTZ. ERHARD. FRITZ ## Schultz. ## S	<u>.</u>						
200   16   11   15   17   17   18   18   18   18   18   18	Principal Place	of Business	Mailing Address				110 1101 Atani Aidin A1511 A1811 A1911 A1911 1081
2.	2700 NE 4TH ST.		2700 NE 4TH ST.	2700 NE 4TH ST.			
Substitution   Subs						1 ·	· · · · · · · · · · · · · · · · · · ·
Sale, Act to decide		ce of Business	2a. Mailing Address				Applied For
22	[21]		· · · · <del>} · · · ! · · · · · · · · · · · · · · · </del>			59-2350232	Not Applicable
28	22		t i		·	5. Certificate of Status Desired	
27    Country   27    Country   27    Country   28    This corporation has lability for intergible tax under s 199 (32)	h		F-1			1	\$5.00 May Be
25	23	Courts		7			Added to Fees
HARDIN, DAVID C.	[24]	25	29	<b>├</b> ──¬ '		Florida Statutes 🔀 Yes	□No
### HARDIN, DAVID C. ### 800 SE 3RO AVE FORT LAUDERDALE FL 33316  ### City FL		g. Name and Address of Curre	nt Registered Agent		<del> </del>	10. Name and Address of New R	egistered Agent
800 SE 3RD AVE   FORT LAUDERDALE FL 33316				BI	Name		
FORT LAUDERDALE FL 33316				82 5	Street Addre	ss (P.O. Box Number is Not Acceptab	le)
1.   Pursuant to the provisions of Sections 607,0502 and 607,1508. Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered difficence registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lember with and accept the obligations of, Section 607,0505, Florida Statutes   SIGNATURE				83	<del></del>		
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Common   C	) ;•				•		FL
Common   Part	1 or registere	ed agent, or both, in the State of Flor	ida. Such change was authorize	ed by the corpora	ned corpora ition's board	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
12.		Signatine i typod or printed name of registered ages	Land the diapphonon (NO	TE Registered Agent se	anature recuired	when reinstating	DATE
SCHLAGER, WILLIBALD H   12 NAME   2819 N E 12TH ST   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY	12.	OFFICERS AN					
STREEL ADDRESS   2819 N E 12TH ST	'111.5	<b>D</b>	[] DELFIE	1 1 11111.			
CITY - ST - 200   POMPANO BCH, FL 00000	NAME	SCHLAGER, WILLIBALD H		1.2 NAME			
STD	STREET ADDRESS			1.3 STREET AD	DRESS		
SCHULZ, ERHARD FRITZ   22 NAME   1001705-6511     STREET ADDRESS   2900 BAYNAN ST   23 STREET ADDRESS   -02/06/96-01083-021     CHY-ST-ZIP	CHY-\$1 Z#			1.4 CHTY - ST - 2	TIP .		
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City   ST - ZIP	1 1			2.2 NAME		<b>1</b> ,000	QQ17Q78Q1
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NAME	h	FT LAUD, FL 00000	FELOUEN		IP	****ZU	
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CHY-ST-ZIP   34 CHY-ST-ZIP	l i				, DBF 00		
DELETE							
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THUE         DELETE         5 1 TITLE         Change         Addition           NAME         52 NAME           STREEL ADDRESS         5 3 STREEL ADDRESS           GLY-ST-ZIP         5.4 CITY-ST-ZIP	]						
\$1REL* ADDRESS         5.3 STREEL ADDRESS           6[17+S1-7]P         5.4 CITY-ST-7IP	<b>)</b>		DELETE		-		Change Addition
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	\$18611 ADDRESS			5.3 STREET AD	DRESS		
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MAME 62 NAME	NAME			6 2 NAME			
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C-(Y-S'-7P 64C)(Y-ST-ZP	C(1Y+S1+7)P			6 4 CITY - ST - Z	16		

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:

ING OFFICER OR DIRECTOR

305-785-7014

CR2E034 (12/95)