

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JAN 25 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G98499** (8)

1. Corporation Name  
**POMPANO ISLAND CORPORATION**

Principal Place of Business  
**221 W OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311  
US**

Mailing Address  
**P.O. BOX 950 NRS  
FORT LAUDERDALE FL 33302  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/25/1984</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>65-0354605</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

**8. Name and Address of Current Registered Agent**

**MITCHELL DON  
221 W OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33311**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>
NAME	<b>MITCHELL, DON</b>
STREET ADDRESS	<b>221 W OAKLAND PARK BLVD</b>
CITY- ST- ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>GADDIS, JESSE P.</b>
STREET ADDRESS	<b>221 W OAKLAND PARK BLVD</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>MORGAMAN, PHILIP E</b>
STREET ADDRESS	<b>221 W OAKLAND PARK BLVD</b>
CITY- ST- ZIP	<b>FT LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 to this form.

SIGNATURE:

*Don Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DON MITCHELL**

1/16/95 395-565-8900  
DATE AND TELEPHONE NUMBER