

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78902**

(8)

POMPANO HEIGHTS, INC.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (If different from above)		26. Mailing Address	
P.O. BOX 8177 CORAL SPRINGS FL 33075		P.O. BOX 8177 CORAL SPRINGS FL 33075	
21. State Apt. # etc.		26. State Apt. # etc.	
22. City, State, Zip		27. City, State, Zip	
23. Country		28. Country	
24. Length		29. Country	
25. Country		30. Country	

3. Date Incorporation or Charter	3a. Date of Last Report
06/01/1990	03/24/1994
4. FFI Number	Applied For
65-0203974	Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Has been Campaign Financing	☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 198.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
JENSEN, E.C. 2399 NW 110TH AVE. CORAL SPRINGS FL 33065		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>118 NW 95 LANE</td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td>330</td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	118 NW 95 LANE	83. City		84. State	FL	85. Zip Code	330
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83. City													
84. State	FL												
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11. Pursuant to the provisions of Sections 607.02(5)(c) and 607.11(9)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as indicated above 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 fully aware and accept the obligations of Section 607.02(5)(b), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																																									
<table border="1"> <tr> <td>NAME</td> <td>DPS JENSEN, E.C.</td> <td>14. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2399 NW 110TH AVE.</td> <td>15. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td>CORAL SPRINGS FL</td> <td>16. CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td>17. STATE</td> <td></td> </tr> <tr> <td>ZIP CODE</td> <td></td> <td>18. ZIP CODE</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>19. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>20. POSITION</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>21. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>22. POSITION</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>23. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>24. POSITION</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>25. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>26. POSITION</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>27. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>28. POSITION</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td>29. DATE</td> <td></td> </tr> <tr> <td>POSITION</td> <td></td> <td>30. POSITION</td> <td></td> </tr> </table>		NAME	DPS JENSEN, E.C.	14. NAME		STREET ADDRESS	2399 NW 110TH AVE.	15. STREET ADDRESS		CITY	CORAL SPRINGS FL	16. CITY		STATE		17. STATE		ZIP CODE		18. ZIP CODE		DATE		19. DATE		POSITION		20. POSITION		DATE		21. DATE		POSITION		22. POSITION		DATE		23. DATE		POSITION		24. POSITION		DATE		25. DATE		POSITION		26. POSITION		DATE		27. DATE		POSITION		28. POSITION		DATE		29. DATE		POSITION		30. POSITION		<table border="1"> <tr> <td>14. NAME</td> <td></td> <td>15. STREET ADDRESS</td> <td></td> </tr> <tr> <td>16. CITY</td> <td></td> <td>17. STATE</td> <td></td> </tr> <tr> <td>18. ZIP CODE</td> <td></td> <td>19. DATE</td> <td></td> </tr> <tr> <td>20. POSITION</td> <td></td> <td>21. DATE</td> <td></td> </tr> <tr> <td>22. POSITION</td> <td></td> <td>23. DATE</td> <td></td> </tr> <tr> <td>24. POSITION</td> <td></td> <td>25. DATE</td> <td></td> </tr> <tr> <td>26. POSITION</td> <td></td> <td>27. DATE</td> <td></td> </tr> <tr> <td>28. POSITION</td> <td></td> <td>29. DATE</td> <td></td> </tr> <tr> <td>30. POSITION</td> <td></td> <td>31. DATE</td> <td></td> </tr> </table>		14. NAME		15. STREET ADDRESS		16. CITY		17. STATE		18. ZIP CODE		19. DATE		20. POSITION		21. DATE		22. POSITION		23. DATE		24. POSITION		25. DATE		26. POSITION		27. DATE		28. POSITION		29. DATE		30. POSITION		31. DATE	
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14. I hereby certify that the information supplied to the Department is true and correct, and that I am qualified to be the registered agent for the corporation. I understand that my duties as registered agent shall be to receive and forward to the corporation all notices and legal documents that may be served on the corporation. I understand that my duties as registered agent shall be to maintain a current and accurate list of the corporation's officers and directors, and to file this report as required by the Florida Statutes. I understand that my duties as registered agent shall be to maintain a current and accurate list of the corporation's officers and directors, and to file this report as required by the Florida Statutes.

SIGNATURE: E.C. Jensen E.C. JENSEN PRES 4/11/95 305-755-1775