FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78902 (8)

1. Name of Corporation
POMPANO HEIGHTS, INC.

Principal Address
P.O. BOX 8177
CORAL SPRINGS FL 33075

Mailing Address
P.O. BOX 8177
CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0203974
Applied For
Not Applicable

Room, Apt. # or Suite
22

Room, Apt. # or Suite
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23

City & State
28

6. Is this Campaign Treasurer Designation for a Political Committee? ☐ $5.00 May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. Does this corporation owe liability for intangible tax under S. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JENSEN, E.C.
~~2399 NW 110TH AVE.~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
118 NW 95 LANE

83

84 City: CORAL SPRINGS FL 85 Zip Code: 330

11. Pursuant to the provisions of Section 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

DPS
JENSEN, E.C.
2399 NW 110TH AVE.
CORAL SPRINGS FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the facts stated in this report are true. I am a director or officer 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 above, or on an attachment with an asterisk.

SIGNATURE: E. C. Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

0118094 CP