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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N23534** **(3)**

1. Corporation Name

POMPANO BEACH BASS FIGHTERS INCORPORATED

Principal Place of Business	Mailing Address
1441 NE 31 COURT POMPANO BEACH FL 33064	1441 NE 31 COURT POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2786030 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	County 25
Zip 29	County 30

9. Name and Address of Current Registered Agent

NYSTRAND, DOROTHY COLLINS
1441 NE 31ST COURT
POMOANO BEACH FL 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NYSTRAND, RICK ~~1441 NE 31ST COURT~~ POMPANO BEACH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D Mark Debellis 11570 Island Lakes Lane Boca Raton FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MERINO, CHET 3035 CORAL RIDGE DR. CORAL SPRINGS FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROTHE, DALE 3901 NW 4TH CT. COCONUT CREEK FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	D Mark Davis 437 13th Str Pompano Bch FL 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HOSKIN, ROBERT 4101 NW 8TH STREET COCONUT CREEK FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	D Sean Lackey 400 East Atlantic #4 ~~Pompano Bch FL 33060~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NYSTRAND, DOROTHY C. 1441 NE 31ST CT. POMPANO BCH FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040028