

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32114 (3)
 1. Corporation Name
POMPANO COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business BOX 10151 POMPANO BEACH FL 33301 US	Mailing Address 414 N.E. 4TH STREET FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21. <input type="checkbox"/> Suite, Apt. #, etc. 22. City & State 23. Zip 24. 33061	2a. Mailing Address 26. P.O. BOX 10151 27. Suite, Apt. #, etc. 28. City & State 29. POMPANO BEACH FL 29. Zip 30. 33061
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4. FEI Number 65-0270647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DALE, CHARLES S., JR., ESQ.
 414 N.E. 4TH STREET
 FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
 81. Name **STEIN A.L**
 82. Street Address (P.O. Box Number is Not Acceptable)
2202 S. CYPRESS BEND DRIVE
 83. **UNIT 607**
 84. City **POMPANO BEACH** FL 85. Zip Code **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, A.L.	
STREET ADDRESS	2202 CYPRESS BEND DR S	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEIN, LEONA	
STREET ADDRESS	190 SE 19TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DALE, JR., CHARLES S.	
STREET ADDRESS	414 N.E. 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOFAL, KARL	
STREET ADDRESS	2601 CARAN BOLA CIRCLE NORTH	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, KENNY	
STREET ADDRESS	321 W. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2202 S CYPRESS BEND DR UNIT 607	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEIN ALAN	
3.3 STREET ADDRESS	2202 S CYPRESS BEND DR UNIT 607	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
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 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: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 8/4/97

CPRE037 (4/97)