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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005799

1. Corporation Name

THE POLLUX FOUNDATION, INC.

Principal Place of Business

16177 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445-6673  
US

Mailing Address

16177 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445-6673  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/29/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0456253

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KELLY, DENNIS F JR  
16177 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KELLY, DENNIS F JR  
STREET ADDRESS 5464 GRAND PARK PLACE  
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME KELLY, IRENE K  
STREET ADDRESS 5464 GRAND PARK PLACE  
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME KELLY, DENNIS F SR  
STREET ADDRESS 2871 N. OCEAN BLVD. V:159  
CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME KELLY, DENNIS F J  
STREET ADDRESS 16177 BRIDLEWOOD CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33445

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME KELLY, IRENE K.  
STREET ADDRESS 16177 BRIDLEWOOD CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33445

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* RECEIVED F. Kelly JR, 4-10-99 561-638-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)