

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:42

DOCUMENT # N94000002065 (0)

1. Corporation Name

FPOM, INC.

Principal Place of Business

515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

Mailing Address

515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0501544

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROGAN, FRANCIS B JR.
515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BIENES, MICHAEL S
STREET ADDRESS	141 BAY COLONY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	D
NAME	BROGAN, FRANCIS B JR.
STREET ADDRESS	515 E. LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	CARONE, MATTHEW
STREET ADDRESS	904 N. RIO VISTA BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	JUDD, JAMES
STREET ADDRESS	2421 BARCELONA DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	KAHN, DAVID
STREET ADDRESS	GROVESNOR HOUSE
CITY-ST-ZIP	LONDON, ENGLAND
TITLE	SY
NAME	BIENES, DIANNE K
STREET ADDRESS	141 BAY COLONY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #