

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N94000002065 (0)

1. Corporation Name

FPOM, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0501544

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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 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

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BIENES, MICHAEL S  
CITY - ST - ZIP 141 BAY COLONY DRIVE  
FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BROGAN, FRANCIS B JR.  
CITY - ST - ZIP 515 E. LAS OLAS BLVD., SUITE 1500  
FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D  
STREET ADDRESS CARONE, MATTHEW  
CITY - ST - ZIP 904 N. RIO VISTA BLVD.  
FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D  
STREET ADDRESS JUDD, JAMES  
CITY - ST - ZIP 2421 BARCELONA DRIVE  
FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D  
STREET ADDRESS KAHN, DAVID  
CITY - ST - ZIP GROVESNOR HOUSE  
LONDON, ENGLAND

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS BIENES, DIANNE K  
CITY - ST - ZIP 141 BAY COLONY DRIVE  
FORT LAUDERDALE FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael Bienes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-96 (954) 491-5714

CR2E037 (12/95)