

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

65-0501544

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KAHN, DONALD**
STREET ADDRESS **GROVESNOR HOUSE**
CITY-ST-ZIP **LONDON, ENGLAND**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

Michael Bienes

2-4-98

(954) 491-5714

CR2E037 (10/97)