

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040187 (5)**

1. Corporation Name
JASON POMEROY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1821 LYONS RD. APT #304 COCONUT CREEK FL 33063 US	1871 LYONS RD. APT #304 COCONUT CREEK FL 33063 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 4960 NW 55 ST. Suite, Apt. #, etc.	26 4960 NW 55 ST. Suite, Apt. #, etc.
22 City & State COCONUT CREEK, FL	27 City & State COCONUT CREEK, FL
24 Zip 33073	29 Zip 33073
25 Country	30 Country

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 03/04/1994
4. FEI Number 65-0418300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POMEROY, JASON 1871 LYONS RD., #304 COCONUT CREEK FL 33063		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	4960 NW 55 ST.
		B3	
		B4 City	COCONUT CREEK FL
		B5 Zip Code	33073

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]* DATE: 2/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY, JASON	1.2 NAME	
STREET ADDRESS	1821 LYONS RD., #304	1.3 STREET ADDRESS	4960 NW 55 ST.
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2/28/95 FILING NUMBER: 305-675-04116